



SilverScript (Employer PDP) sponsored by City of Worcester

2012 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on 01/01/2013.

SilverScript® Insurance Company is a Medicare-approved Part D Sponsor.

Contact Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week to request materials in an alternate format or language. TTY users should call 1-866-236-1069. Llame al Servicio al Cliente 24 horas al día, los 7 días de la semana, al 1-888-850-8048 para solicitar materiales en un formato o idioma diferente. Los usuarios de teléfono de texto (TTY) pueden llamar al 1-866-236-1069.

Last updated 11/10/2011



What is the SilverScript (Employer PDP) formulary?

A formulary is a list of covered drugs selected by SilverScript (Employer PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

SilverScript (Employer PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript (Employer PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document includes only some of the drugs covered by SilverScript (Employer PDP). For a complete listing of all prescription drugs covered by SilverScript (Employer PDP), please visit our Web site at cityofworcester.silverscript.com or call 1-888-850-8048, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

Can the formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or require quantity limits, prior authorization, and step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.



The enclosed formulary is current as of 11/10/2011. To get updated information about the drugs covered by SilverScript (Employer PDP), please visit our website at cityofworcester.silverscript.com or call Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

The Tier column of the drug list outlines which tier your drug is in. Your share of the cost – also known as co-payment or co-insurance – depends on the tier in which your drug falls. The lower the tier, the lower the cost.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our print formulary by reprinting it with the new information. The updated version may be obtained from our Web site or by calling Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069. We will notify beneficiaries in writing prior to making this type of change.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins after this introduction on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript (Employer PDP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.



Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript (Employer PDP) before you fill your prescriptions. If you don't get approval, SilverScript (Employer PDP) may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*. This may be in addition to a standard one month or three month supply.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug, to treat your medical condition before we will cover another, drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript (Employer PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask us to make an exception to these restrictions or limits. See the section, "How do I request an exception to the SilverScript (Employer PDP) formulary?" below for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Care and confirm that your drug is not covered. You can contact Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.



If you learn that we do not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by SilverScript (Employer PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SilverScript (Employer PDP).
- You can ask SilverScript (Employer PDP) to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. However, City of Worcester has elected to provide additional supplemental coverage in some additional classes including some drugs that are not covered under Medicare Part D, such as Diabetic supplies, prescription Vitamins, Barbiturates, Benzodiazepines, and prescription Cough and Cold medications. Please check your formulary for a listing of all covered drugs.

How do I request an exception to the SilverScript (Employer PDP) formulary?

You can ask SilverScript (Employer PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs SilverScript (Employer PDP) limits the amount of the drug that we will cover. If applicable, and your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our 4 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the 3 tier instead. This would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier.

Generally, we will only approve your request for an exception if the alternative generic or preferred formulary drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an exception. **When you are requesting an exception you should submit a statement from your physician supporting your request.**



Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception? As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a one-time temporary supply for up to 30-days (or 31-days if you are a long-term care resident) when you go to a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information



For more detailed information about your SilverScript (Employer PDP) prescription drug coverage, please review your Evidence of Coverage.

If you have questions about SilverScript (Employer PDP), please call Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week. (TTY Users should call 1-866-236-1069.) Or visit cityofworcester.silverscript.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

SilverScript (Employer PDP)'s Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by SilverScript (Employer PDP). If you have trouble finding your drug in the list, turn to the index at the back of this book. Remember: This is only a partial list of drugs covered by SilverScript (Employer PDP). If your prescription is not in the partial formulary, please visit our Web site at cityofworcester.silverscript.com or call 1-888-850-8048, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lowercase italics (e.g., *levothyroxine*).

The information in the Notes column tells you if SilverScript (Employer PDP) has any special requirements for coverage of your drug.

- QL stands for Quantity Limits,
- PA stands for Prior Authorization,
- ST stands for Step Therapy,
- B/D stands for drugs that may be covered under Medicare Part B or D.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-850-8048, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- NM Not available at mail-order.
- GC We provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

2012 Copper_5T (OCT_PA_STEP)

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) tab	1	
<i>allopurinol sodium</i> (generic of ALOPRIM)	2	
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	
COLCRYS QL (60 tabs / 30 days)	3	QL
<i>probenecid</i>	2	
ULORIC	3	
ZYLOPRIM	4	
MISCELLANEOUS		
ARTHROTEC 50	4	
ARTHROTEC 75	4	
VIMOVO	3	
NARCOTIC ANALGESICS		
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3)	2	
<i>acetaminophen-caff-dihydrocodeine</i>	2	
<i>butalbital-acetaminophen-caffeine w/ codeine</i> (generic of FIORICET/CODEINE)	2	
<i>butalbital-aspirin-caffeine w/cod</i> (generic of FIORINAL/CODEINE #3)	2	
<i>butorphanol tartrate</i> 10mg/ml QL (3.6 bottles / 30 days)	2	QL
<i>butorphanol tartrate</i> 1mg/ml, 2mg/ml	2	
CAPITAL/CODEINE	4	
FIORICET/CODEINE	4	
FIORINAL/CODEINE #3	4	
HYCET	4	
<i>hydrocodone-acetaminophen</i> (generic of ANEXSIA)	2	
<i>hydrocodone-ibuprofen</i> (generic of IBUDONE)	2	
LORCET 10/650	4	
LORCET PLUS	4	
LORTAB	4	

Drug Name	Drug Requirements/ Tier	Limits
MAXIDONE	4	
NORCO	4	
PANLOR SS	4	
REPREXAIN	4	
STADOL	4	
SYNALGOS-DC	4	
TYLENOL/CODEINE #3	4	
TYLENOL/CODEINE #4	4	
VICODIN	4	
VICODIN ES	4	
VICOPROFEN	4	
XODOL	4	
ZAMICET	4	
ZYDONE	4	
NARCOTIC ANALGESICS, CII		
ABSTRAL QL (120 ea / 30 days)	5	QL NM PA
ACTIQ QL (120 lpop / 30 days)	5	QL NM PA
AVINZA QL (60 ea / 30 days)	4	QL
CODEINE SULFATE	2	
DILAUDID 1mg/ml, 2mg/ml, 4mg/ml	4	B/D
DILAUDID 2mg, 4mg, 8mg	4	
DILAUDID-5	3	
DILAUDID-HP	4	B/D
DOLOPHINE QL (240 tabs / 30 days)	4	QL
DOLOPHINE HCL QL (240 tabs / 30 days)	4	QL
DURAGESIC 12mcg/hr, 25mcg/hr, 50mcg/hr QL (10 ea / 30 days)	4	QL
DURAGESIC 100mcg/hr, 75mcg/hr QL (10 ea / 30 days)	5	QL NM
EMBEDA QL (60 ea / 30 days)	4	QL
EXALGO QL (60 ea / 30 days)	3	QL
<i>fentanyl</i> (generic of DURAGESIC) QL (10 ea / 30 days)	2	QL
<i>fentanyl citrate</i> .05mg/ml	2	B/D
<i>fentanyl citrate</i> (generic of ACTIQ) 200mcg QL (120 lpop / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl citrate</i> (generic of ACTIQ) 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg QL (120 lpop / 30 days)	5	QL NM PA
FENTORA QL (120 tabs / 30 days)	5	QL NM PA
<i>hydromorphone hcl</i> (generic of DILAUDID-HP) 10mg/ml	2	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) 2mg, 4mg, 8mg	2	
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN QL (60 ea / 30 days)	3	QL
LEVORPHANOL TARTRATE	2	
MAGNACET	4	
<i>methadone hcl</i> (generic of DOLOPHINE) 10mg, 5mg QL (240 tabs / 30 days)	2	QL
<i>methadone hcl</i> (generic of METHADONE HCL INTENSOL) 10mg/ml	2	
METHADONE HCL 10mg/5ml, 5mg/5ml	2	
METHADONE HCL 10mg/ml	4	
<i>morphine sulfate</i> .5mg/ml, 1mg/ml	2	B/D
<i>morphine sulfate</i> (generic of MS CONTIN) 100mg, 30mg, 60mg QL (90 ea / 30 days) ext rel	2	QL
<i>morphine sulfate</i> (generic of MS CONTIN) 15mg QL (90 ea / 30 days)	2	QL
<i>morphine sulfate</i> (generic of MS CONTIN) 200mg QL (60 ea / 30 days) ext rel	2	QL
MORPHINE SULFATE 15mg, 20mg/ml, 30mg	2	
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	3	
MS CONTIN 100mg, 15mg, 30mg, 60mg QL (90 ea / 30 days)	4	QL
MS CONTIN 200mg QL (60 ea / 30 days)	4	QL
NUCYNTA	4	

Drug Name	Drug Requirements/ Tier	Limits
ONSOLIS QL (4 boxes / 30 days)	5	QL NM PA
OPANA	4	
OPANA ER QL (120 ea / 30 days)	4	QL
ORAMORPH SR QL (90 ea / 30 days)	4	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) 15mg, 30mg, 5mg	2	
OXYCODONE HCL 20mg/ml, 5mg	2	
<i>oxycodone w/ acetaminophen</i> (generic of PERCOCET)	2	
<i>oxycodone-aspirin</i> (generic of PERCODAN)	2	
<i>oxycodone-ibuprofen</i>	2	
OXYCONTIN QL (120 ea / 30 days)	3	QL
<i>oxymorphone hcl</i> (generic of OPANA)	2	
PERCOCET	4	
PERCODAN	4	
ROXICET	3	
ROXICET	4	
ROXICODONE	4	
TYLOX	4	
NON-NARCOTIC ANALGESICS		
RYZOLT	4	
<i>tramadol hcl</i> (generic of ULTRAM ER)	2	
<i>tramadol-acetaminophen</i> (generic of ULTRACET)	2	
ULTRACET	4	
ULTRAM	4	
ULTRAM ER	4	
NSAIDS		
ANAPROX	4	
ANAPROX DS	4	
CATAFLAM	4	
CELEBREX	4	PA
CLINORIL	4	
DAYPRO	4	
<i>diclofenac potassium</i> (generic of CATAFLAM)	2	
<i>diclofenac sodium</i> (generic of VOLTAREN-XR)	2	
DICLOFENAC SODIUM EC	2	
DIFLUNISAL	2	

Drug Name	Drug Requirements/ Tier	Limits
EC-NAPROSYN	4	
<i>etodolac</i>	2	
FELDENE	4	
FENOPROFEN CALCIUM	2	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i> 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> 100mg/5ml	2	
INDOCIN	3	
<i>indomethacin</i>	2	
<i>ketoprofen</i>	2	
KETOPROFEN ER	2	
<i>mefenamic acid</i> (generic of PONSTEL)	2	
<i>meloxicam</i> (generic of MOBIC) 15mg, 7.5mg	1	
MELOXICAM 7.5mg/5ml	2	
MOBIC	4	
<i>nabumetone</i>	2	
NALFON	4	
NAPRELAN	4	
NAPROSYN	4	
<i>naproxen</i> (generic of NAPROSYN) 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) 125mg/5ml, 375mg, 500mg	2	
<i>naproxen sodium</i> (generic of ANAPROX)	1	
<i>oxaprozin</i> (generic of DAYPRO)	2	
<i>piroxicam</i> (generic of FELDENE)	2	
PONSTEL	4	
<i>sulindac</i>	2	
<i>tolmetin sodium</i> 400mg	2	
TOLMETIN SODIUM 200mg, 600mg	2	
VOLTAREN-XR	4	
ZIPSOR	4	

ANESTHETICS
LOCAL ANESTHETICS

<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE)	2	
XYLOCAINE 1%	4	

ANTI-INFECTIVES
ANTIBACTERIALS

Drug Name	Drug Requirements/ Tier	Limits
ADOXA	4	
ADOXA PAK 1/100	4	
ADOXA PAK 1/150	4	
ADOXA PAK 1/75	4	
ADOXA PAK 2/100	4	
<i>amikacin sulfate</i>	2	
<i>amoxicillin</i> 125mg, 125mg/5ml, 200mg/5ml, 250mg, 250mg/5ml, 400mg/5ml, 500mg, 875mg	1	
AMOXICILLIN 200mg	1	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN)	2	
<i>ampicillin</i> 250mg, 500mg	1	
AMPICILLIN 125mg/5ml, 250mg/5ml	2	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	2	
<i>ampicillin sodium</i> 10gm, 1gm	2	
AMPICILLIN SODIUM 125mg	2	
AVELOX	3	
AVELOX ABC PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX)	2	
BACTOCILL IN DEXTROSE	4	
BIAXIN	4	
BIAXIN XL	4	
BIAXIN XL PAC	4	
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	4	
<i>cefaclor</i>	2	
CEFACTOR ER	3	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i> 1gm, 20gm, 500mg	2	
CEFAZOLIN SODIUM	3	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefotaxime sodium</i> (generic of CLAFORAN)	2	
CEFOTETAN	4	
<i>cefoxitin sodium</i> 10gm, 1gm, 2gm	2	
CEFOXITIN SODIUM	4	
<i>cefpodoxime proxetil</i>	2	

Drug Name	Drug Requirements/ Tier Limits
<i>cefprozil</i>	2
<i>ceftazidime</i> (generic of FORTAZ)	2
CEFTIN	4
<i>ceftriaxone sodium</i>	2
<i>cefuroxime axetil</i> (generic of CEFTIN)	2
<i>cefuroxime sodium</i> (generic of ZINACEF)	2
<i>cephalexin</i> (generic of KEFLEX) 250mg, 500mg cap	1
<i>cephalexin</i> 125mg/5ml, 250mg/5ml	2
CEPHALEXIN 250mg, 500mg	2
CIPRO 500mg/5ml, 5gm/100ml	3
CIPRO 250mg, 500mg, 750mg	4
CIPRO I.V.-IN D5W	4
<i>ciprofloxacin</i> (generic of CIPRO I.V.)	2
<i>ciprofloxacin hcl</i> (generic of CIPRO) 250mg, 500mg, 750mg	1
<i>ciprofloxacin hcl</i> 100mg	2
<i>ciprofloxacin-ciprofloxacin hcl</i>	2
CLAFORAN	4
<i>clarithromycin</i> (generic of BIAXIN) 250mg, 500mg	1
<i>clarithromycin</i> 125mg/5ml, 250mg/5ml, 500mg	2
<i>demeclocycline hcl</i>	2
<i>dicloxacillin sodium</i>	2
DORYX	4
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150)	2
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) 100mg, 50mg	1
<i>doxycycline hyclate</i> 100mg, 20mg, 75mg	2
DOXYCYCLINE HYCLATE 100mg, 75mg	4
DYNACIN	4
E.E.S. GRANULES	4
ERY-TAB	4
ERYPED 200	3

Drug Name	Drug Requirements/ Tier Limits
ERYPED 400	4
ERYTHROCIN LACTOBIONATE	3
ERYTHROCIN STEARATE	1
ERYTHROMYCIN BASE	1
<i>erythromycin ethylsuccinate</i> 400mg	1
<i>erythromycin ethylsuccinate</i> 400mg	2
FACTIVE	4
FORTAZ	4
<i>gentamicin in saline</i>	2
<i>gentamicin sulfate</i>	2
GENTAMICIN SULFATE/0.9% S	4
KEFLEX	4
LEVAQUIN	4
MINOCIN	4
<i>minocycline hcl</i> (generic of DYNACIN)	2
MONODOX	4
MOXATAG	4
NAFCILLIN SODIUM	2
NALLPEN/DEXTROSE	4
<i>neomycin sulfate</i>	2
NOROXIN	4
OXACILLIN SODIUM	2
<i>paromomycin sulfate</i>	2
PCE	4
<i>penicillin g potassium</i>	2
PENICILLIN G POTASSIUM IN	4
PENICILLIN G PROCAINE	3
PENICILLIN G SODIUM	2
<i>penicillin v potassium</i>	1
PERIOSTAT	4
PFIZERPEN-G	4
PIPERACILLIN SODIUM	4
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	2
PROQUIN XR	4
ROCEPHIN	4
SOLODYN	4
STREPTOMYCIN SULFATE	2
SULFADIAZINE	3
SUPRAX	4
TEFLARO	4

Drug Name	Drug Requirements/ Tier Limits	
<i>tetracycline hcl</i>	1	
TIMENTIN	4	
<i>tobramycin sulfate</i>	2	
TOBRAMYCIN SULFATE/SODIUM	4	
UNASYN	4	
UNASYN BULK PACK	4	
VIBRAMYCIN	4	
ZINACEF	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZMAX	4	
ZOSYN	4	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	4	B/D
AMPHOTEC	4	B/D
AMPHOTERICIN B	2	B/D
ANCOBON	3	
CANCIDAS	5	NM
<i>clotrimazole</i> (generic of MYCELEX)	2	
DIFLUCAN	4	
DIFLUCAN IN NAACL	4	
ERAXIS	4	
<i>fluconazole</i> (generic of DIFLUCAN) 100mg, 150mg, 200mg, 50mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) 10mg/ml, 40mg/ml	2	
<i>fluconazole in dextrose</i>	2	
GRIFULVIN V	4	
GRIS-PEG	3	
<i>griseofulvin microsize</i>	2	
<i>itraconazole</i> (generic of SPORANOX)	2	PA
<i>ketoconazole</i>	2	
LAMISIL	4	
MYCAMINE	4	
NOXAFIL	5	NM
<i>nystatin</i>	2	
SPORANOX 100mg	4	PA
SPORANOX 10mg/ml	5	NM
SPORANOX PULSEPAK	4	PA

Drug Name	Drug Requirements/ Tier Limits	
<i>terbinafine hcl</i> (generic of LAMISIL) QL (90 tabs / year)	2	QL
VFEND	5	NM
VFEND IV	3	
<i>voriconazole</i> (generic of VFEND)	5	NM
ANTIMALARIALS		
ARALEN	4	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	3	
MALARONE	3	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	4	
QUALAQUIN	4	
ANTIRETROVIRAL AGENTS		
APTIVUS	3	
ATRIPLA	5	NM
COMBIVIR	3	
CRIXIVAN	3	
<i>didanosine</i> (generic of VIDEX EC)	2	
EDURANT	5	NM
EMTRIVA	3	
EPIVIR	3	
EPZICOM	3	
FUZEON	5	NM
INTELENCE	3	
INVIRASE	3	
ISENTRESS	5	NM
KALETRA	3	
LEXIVA	3	
NORVIR	3	
PREZISTA 150mg, 75mg	3	
PREZISTA 400mg, 600mg	5	NM
RESCRIPTOR	3	
RETROVIR	4	
RETROVIR IV INFUSION	3	
REYATAZ	3	
SELZENTRY	5	NM
<i>stavudine</i> (generic of ZERIT)	2	
SUSTIVA	3	
TRIZIVIR	3	
TRUVADA	3	
VIDEX	3	
VIDEX EC	4	

Drug Name	Drug Requirements/ Tier Limits	
VIRACEPT	3	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIREAD	3	
ZERIT	4	
ZIAGEN	3	
<i>zidovudine</i> (generic of RETROVIR)	2	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	2	
<i>isoniazid</i> 100mg, 300mg tab	1	
ISONIAZID 100mg/ml, 50mg/5ml	2	
<i>isoniazid & rifampin</i> (generic of RIFAMATE)	2	
MYAMBUTOL	4	
MYCOBUTIN	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
RIFADIN	4	
RIFAMATE	4	
<i>rifampin</i> (generic of RIFADIN)	2	
RIFATER	4	
SEROMYCIN	4	
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) 200mg, 400mg, 800mg	1	
<i>acyclovir</i> (generic of ZOVIRAX) 200mg/5ml	2	
<i>acyclovir sodium</i>	2	
BARACLUDE .05mg/ml	3	
BARACLUDE .5mg, 1mg	5	NM
COPEGUS	5	NM PA
CYTOVENE	4	B/D
EPIVIR HBV	3	
<i>famciclovir</i> (generic of FAMVIR)	2	
FAMVIR	4	
FOSCARNET SODIUM	2	
GANCICLOVIR 250mg	2	
GANCICLOVIR 500mg	5	NM

Drug Name	Drug Requirements/ Tier Limits	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	2	B/D
HEPSERA	5	NM PA
REBETOL	5	NM PA
RELENZA DISKHALER	3	
RIBAPAK PAK	5	NM PA
<i>ribapak pak</i> 400mg, 600mg	5	NM PA
RIBASPHERE TAB 400MG	5	NM PA
RIBASPHERE TAB 600MG	5	NM PA
<i>ribavirin</i> 200mg (generic of COPEGUS)	2	PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	2	
TAMIFLU	3	
TYZEKA	5	NM PA
<i>valacyclovir hcl</i> (generic of VALTREX)	2	
VALCYTE	5	NM
VALTREX	4	
VICTRELIS	5	NM PA
VIRAZOLE	5	NM
VISTIDE	4	
ZOVIRAX 200mg, 200mg/5ml, 400mg, 800mg	4	
MISCELLANEOUS		
ALBENZA	3	
ALINIA 100mg/5ml QL (3 bottles / 30 days)	3	QL
ALINIA 500mg QL (12 tabs / 30 days)	3	QL
AZACTAM	4	
<i>aztreonam</i> (generic of AZACTAM)	2	
BACTRIM	4	
BACTRIM DS	4	
BILTRICIDE	4	
CLEOCIN 75mg	3	
CLEOCIN 150mg, 300mg	4	
CLEOCIN PEDIATRIC GRANULE	3	
CLEOCIN PHOSPHATE	4	
<i>clindamycin hcl</i> (generic of CLEOCIN)	2	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE)	2	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M)	2	B/D
COLY-MYCIN M	4	B/D
CUBICIN	5	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
DAPSONE	2	
DORIBAX	4	
<i>erythromycin-sulfisoxazole</i>	2	
FLAGYL	4	
FLAGYL ER	4	
FURADANTIN	4	
HIPREX	4	
INVANZ	3	
MACROBID	4	
MACRODANTIN 25mg	3	
MACRODANTIN 100mg, 50mg	4	
MEBENDAZOLE	2	
MEPRON	5	NM
<i>meropenem</i> (generic of MERREM)	2	
MERREM	4	
<i>methenamine hippurate</i> (generic of HIPREX)	2	
<i>metronidazole</i> (generic of FLAGYL) 250mg, 500mg	1	
<i>metronidazole</i> (generic of FLAGYL) 375mg	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN)	2	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	2	
PENTAM 300	4	
<i>polymyxin b sulfate</i>	2	
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
PRIMSOL	4	
SEPTRA	4	
SEPTRA DS	4	
STROMECTOL	4	
<i>sulfamethoxazole-trimethopri m</i> (generic of BACTRIM)	1	
<i>sulfamethoxazole-trimethopri m</i>	2	
SULFAMETHOXAZOLE/TRI METHO	2	
SYNERCID	5	NM
<i>trimethoprim</i>	1	
TYGACIL	4	
VANCOCIN HCL	5	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i>	2	B/D
VIBATIV	5	NM
XIFAXAN 200mg	4	
ZYVOX	5	NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	4	B/D
BICNU	3	B/D
BUSULFEX	3	B/D
CEENU	3	
CYCLOPHOSPHAMIDE	2	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	3	
HEXALEN	5	NM
IFEX	3	B/D
<i>ifosfamide</i> (generic of IFEX)	2	B/D
LEUKERAN	3	
<i>melphalan hcl</i> (generic of ALKERAN)	2	B/D
MUSTARGEN	3	B/D
THIOTEPA	4	B/D
TREANDA	5	B/D NM
ZANOSAR	4	B/D
ANTHRACYCLINES		
CERUBIDINE	4	B/D
<i>daunorubicin hcl</i> (generic of CERUBIDINE)	2	B/D
DAUNOXOME	5	B/D NM
DOXIL	5	B/D NM
<i>doxorubicin hcl</i>	2	B/D
ELLECE	5	B/D NM
<i>epirubicin hcl</i> (generic of ELLECE)	5	B/D NM
IDAMYCIN PFS	4	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	2	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	3	B/D
<i>mitomycin</i>	2	B/D
ANTIMETABOLITES		
ALIMTA	5	B/D NM
ARRANON	4	B/D
CLOLAR	4	B/D
<i>cytarabine</i> 500mg	2	B/D
CYTARABINE 20mg/ml	2	B/D
CYTARABINE 100mg/ml	4	B/D
DACOGEN	4	B/D
<i>fluorouracil inj</i>	2	B/D

Drug Name	Drug Requirements/ Tier Limits	
<i>gemcitabine hcl</i> (generic of GEMZAR)	5	B/D NM
GEMZAR	5	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL)	2	
<i>methotrexate sodium</i> 25mg/ml	2	B/D
METHOTREXATE SODIUM 1gm	2	B/D
NIPENT	4	B/D
<i>pentostatin</i> (generic of NIPENT)	2	B/D
PURINETHOL	4	
TABLOID	3	
VIDAZA	5	B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D NM
<i>paclitaxel</i>	2	B/D
TAXOTERE	5	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	3	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	B/D NM
CAMPATH	3	B/D
ERBITUX	5	B/D NM
HERCEPTIN	5	B/D NM
ISTODAX	5	B/D NM
ONTAK	3	B/D
PROLEUKIN	5	B/D NM
RITUXAN	5	NM PA
TORISEL	5	B/D NM
VECTIBIX	4	B/D
VELCADE	5	B/D NM
ZOLINZA	5	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX)	2	
ARIMIDEX	4	
AROMASIN	4	
ARZERRA	5	B/D NM
<i>bicalutamide</i> (generic of CASODEX)	2	
CASODEX	4	
DEPO-PROVERA	3	B/D
ELIGARD	4	B/D
<i>exemestane</i> (generic of AROMASIN)	2	

Drug Name	Drug Requirements/ Tier Limits	
FARESTON	3	
FASLODEX	5	B/D NM
FEMARA	4	
FIRMAGON	4	B/D
<i>flutamide</i>	2	
<i>letrozole</i> (generic of FEMARA)	2	
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT 11.25mg, 3.75mg	3	PA
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	5	NM PA
LUPRON DEPOT-PED	5	NM PA
MEGACE ES	3	
MEGACE ORAL	4	
<i>megestrol acetate</i>	2	
NILANDRON	3	
<i>tamoxifen citrate</i>	2	
TRELSTAR DEPOT MIXJECT	3	B/D
TRELSTAR LA MIXJECT	3	B/D
TRELSTAR MIXJECT	5	B/D NM
ZYTIGA	5	NM PA
KINASE INHIBITORS		
AFINITOR	5	NM
GLEEVEC	5	NM
IRESSA	5	NM
NEXAVAR	5	NM
SPRYCEL	5	NM
SUTENT	5	NM
TARCEVA	5	NM
TASIGNA	5	NM
TYKERB	5	NM
VANDETANIB	5	NM
VOTRIENT	5	NM
MISCELLANEOUS		
DROXIA	3	
ELSPAR	3	B/D
HALAVEN	5	B/D NM
HYDREA	4	
<i>hydroxyurea</i> (generic of HYDREA)	2	
<i>irinotecan hcl</i> (generic of CAMPTOSAR)	5	B/D NM
IXEMPRA KIT	5	B/D NM
LYSODREN	5	NM
MATULANE	5	NM
<i>mitoxantrone hcl</i>	2	B/D
NOVANTRONE	5	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
PHOTOFRIN	3	B/D
TARGRETIN 75mg	5	NM
TRETINOIN 10mg	5	NM
TRISENOX	3	B/D
UVADEX	4	B/D
NUCLEOSIDE ANALOGS		
<i>cladribine</i> (generic of LEUSTATIN)	2	B/D
FLUDARA	5	B/D NM
<i>fludarabine phosphate</i> (generic of FLUDARA)	5	B/D NM
LEUSTATIN	4	B/D
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
ELOXATIN	5	B/D NM
<i>oxaliplatin</i> (generic of ELOXATIN)	5	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	5	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD)	2	B/D
ELITEK	5	B/D NM
ETHYOL	5	B/D NM
IFOSFAMIDE/MESNA	2	B/D
KEPIVANCE	4	B/D
<i>leucovorin calcium</i> 100mg, 350mg	2	B/D
<i>leucovorin calcium</i> 25mg, 5mg	2	
LEUCOVORIN CALCIUM 10mg, 15mg	3	
<i>mesna</i> (generic of MESNEX)	2	B/D
MESNEX 100mg/ml	5	B/D NM
MESNEX 400mg	5	NM
ZINECARD	4	B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide</i>	2	B/D
HYCANTIN	5	B/D NM
<i>topotecan hcl</i> (generic of HYCANTIN)	5	B/D NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	4	
<i>amlodipine</i>	2	
<i>beylate-benazepril hcl</i> (generic of LOTREL)		

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	2	
<i>lisinopril & hydrochlorothiazide</i> (generic of PRINZIDE)	1	
LOTENSIN HCT	4	
LOTREL	4	
<i>moexipril-hydrochlorothiazide</i> (generic of UNIRETIC)	2	
PRINZIDE	4	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	2	
TARKA	4	
UNIRETIC	4	
VASERETIC	4	
ZESTORETIC	4	
ACE INHIBITORS		
ACCUPRIL	4	
ACEON	4	
ALTACE	4	
<i>benazepril hcl</i> (generic of LOTENSIN)	1	
<i>captopril</i>	1	
<i>enalapril maleate</i> (generic of VASOTEC)	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of PRINIVIL)	1	
LOTENSIN	4	
MAVIK	4	
<i>moexipril hcl</i> (generic of UNIVASC)	2	
<i>perindopril erbumine</i> (generic of ACEON)	2	
PRINIVIL	4	
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	2	
<i>trandolapril</i> (generic of MAVIK)	2	
UNIVASC	4	
VASOTEC	4	

Drug Name	Drug Requirements/ Tier Limits
ZESTRIL	4
ADRENOLYTICS, CENTRAL	
CATAPRES	4
CATAPRES-TTS-1	4
CATAPRES-TTS-2	4
CATAPRES-TTS-3	4
<i>clonidine hcl</i> (generic of CATAPRES) .1mg, .2mg, .3mg	1
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) .1mg/24hr, .2mg/24hr, .3mg/24hr	2
GUANABENZ ACETATE	2
<i>guanfacine hcl</i> (generic of TENEX)	2
TENEX	4
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE	4
<i>eplerenone</i> (generic of INSPRA)	2
INSPRA	4
<i>spironolactone</i> (generic of ALDACTONE)	2
ALPHA BLOCKERS	
CARDURA	4
<i>doxazosin mesylate</i> (generic of CARDURA)	2
MINIPRESS	4
<i>prazosin hcl</i> (generic of MINIPRESS)	1
<i>terazosin hcl</i>	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
ATACAND HCT	4
AVALIDE	4
AZOR	3
BENICAR HCT	3
DIOVAN HCT	3
EXFORGE	3
EXFORGE HCT	3
HYZAAR	4
<i>losartan potassium & hydrochlorothiazide</i> (generic of HYZAAR)	2
MICARDIS HCT	4
TEVETEN HCT	4

Drug Name	Drug Requirements/ Tier Limits
TRIBENZOR	3
TWYNSTA	4
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND	4
AVAPRO	4
BENICAR	3
COZAAR	4
DIOVAN	3
EDARBI	4
<i>losartan potassium</i> (generic of COZAAR)	2
MICARDIS	4
TEVETEN	4
ANTIARRHYTHMICS	
<i>amiodarone hcl</i> (generic of CORDARONE) 200mg, 400mg	2
<i>amiodarone hcl</i> 50mg/ml	2 B/D
BETAPACE	4
BETAPACE AF	4
CORDARONE	4
<i>disopyramide phosphate</i> (generic of NORPACE)	2
<i>flecainide acetate</i> (generic of TAMBOCOR)	2
MEXILETINE HCL	2
MULTAQ	3
NORPACE	4
NORPACE CR 100mg	3
NORPACE CR 150mg	4
PACERONE 100mg	3
PACERONE 400mg	4
<i>propafenone hcl</i> (generic of RYTHMOL)	2
<i>quinidine gluconate</i>	2
<i>quinidine sulfate</i>	2
QUINIDINE SULFATE ER	2
RYTHMOL	4
RYTHMOL SR	4
<i>sotalol hcl</i> (generic of BETAPACE)	2
TAMBOCOR	4
TIKOSYN	3
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
ALTOPREV	4

Drug Name	Drug Requirements/ Tier Limits
CRESTOR	3
LESCOL	4
LESCOL XL	4
LIPITOR	3
LIVALO	4
<i>lovastatin</i>	2
MEVACOR	4
PRAVACHOL	4
<i>pravastatin sodium</i>	2
<i>simvastatin</i> (generic of ZOCOR)	2
ZOCOR	4
ANTILIPEMICS, MISCELLANEOUS	
ADVICOR	4
ANTARA	3
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT)	2
COLESTID	4
<i>colestipol hcl</i> (generic of COLESTID)	2
<i>fenofibrate</i> (generic of LOFIBRA)	2
<i>fenofibrate micronized</i> (generic of LOFIBRA)	2
FENOGLIDE	4
<i>gemfibrozil</i> (generic of LOPID)	2
LIPOFEN	3
LOFIBRA	4
LOPID	4
LOVAZA	4
<i>niacin</i>	2
NIASPAN	3
QUESTRAN	4
SIMCOR	4
TRICOR	3
TRIGLIDE	4
TRILIPIX	3
VYTORIN	4
WELCHOL	3
ZETIA	4
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1
CORZIDE	4

Drug Name	Drug Requirements/ Tier Limits
LOPRESSOR HCT	4
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	2
METOPROLOL/HYDROCHL OROTHI	2
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	2
PROPRANOLOL/HYDROCH LOROTH	2
TENORETIC 100	4
TENORETIC 50	4
ZIAC	4
BETA-BLOCKERS	
<i>acebutolol hcl</i> (generic of SECTRAL)	2
<i>atenolol</i> (generic of TENORMIN)	1
<i>betaxolol hcl</i> (generic of KERLONE) 10mg, 20mg	2
<i>bisoprolol fumarate</i> (generic of ZEBETA)	2
BYSTOLIC	4
<i>carvedilol</i> (generic of COREG)	2
COREG	4
COREG CR	4
CORGARD	4
INDERAL LA	4
KERLONE	4
<i>labetalol hcl</i> (generic of TRANDATE)	2
LEVATOL	4
LOPRESSOR	4
<i>metoprolol succinate</i> (generic of TOPROL XL)	2
<i>metoprolol tartrate</i> (generic of LOPRESSOR) 100mg, 25mg, 50mg	1
<i>metoprolol tartrate</i> (generic of LOPRESSOR) 1mg/ml	2
<i>nadolol</i> (generic of CORGARD)	2
PINDOLOL	1
<i>propranolol hcl</i> 10mg, 20mg, 40mg, 80mg	1
<i>propranolol hcl</i> (generic of INDERAL LA) 120mg, 160mg, 1mg/ml, 60mg, 80mg	2

Drug Name	Drug Requirements/ Tier Limits
PROPRANOLOL HCL 20mg/5ml, 40mg/5ml	2
SECTRAL	4
TENORMIN	4
TIMOLOL MALEATE	2
TOPROL XL	4
TRANDATE	4
ZEBETA	4
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
CADUET	4
CALCIUM CHANNEL BLOCKERS	
ADALAT CC	4
<i>amlodipine besylate</i> (generic of NORVASC)	1
CALAN	4
CALAN SR	4
CARDIZEM	4
CARDIZEM CD 360mg	3
CARDIZEM CD 120mg, 180mg, 240mg, 300mg	4
CARDIZEM LA	4
COVERA-HS	4
DILACOR XR	4
<i>diltiazem hcl</i> (generic of CARDIZEM) 120mg, 30mg, 60mg, 90mg	1
<i>diltiazem hcl</i> 120mg, 180mg, 240mg, 25mg/5ml, 60mg, 90mg	2
DILTIAZEM HCL 100mg	4
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD)	2
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC)	2
DYNACIRC CR	4
<i>felodipine</i>	2
ISOPTIN SR	4
<i>isradipine</i> 5mg	2
ISRADIPINE 2.5mg	2
<i>nicardipine hcl</i>	2
<i>nifedipine er</i> (generic of ADALAT CC)	2
<i>nimodipine</i> (generic of NIMOTOP)	2
<i>nisoldipine</i> (generic of SULAR) 17mg, 25.5mg, 34mg, 8.5mg	2

Drug Name	Drug Requirements/ Tier Limits
NISOLDIPINE 20mg, 30mg, 40mg	2
NORVASC	4
PROCARDIA XL	4
SULAR	4
TIAZAC	4
<i>verapamil hcl</i> (generic of CALAN) 120mg, 40mg, 80mg	1
<i>verapamil hcl</i> (generic of VERELAN PM) 100mg, 120mg, 180mg, 2.5mg/ml, 200mg, 240mg, 300mg	2
VERELAN	4
VERELAN PM	4
DIGITALIS GLYCOSIDES	
<i>digoxin</i> (generic of LANOXIN) .125mg, .25mg	1
<i>digoxin</i> (generic of LANOXIN) .25mg/ml	2
DIGOXIN .05mg/ml	2
LANOXIN .125mg, .25mg	3
LANOXIN .1mg/ml, .25mg/ml	4
DIRECT RENIN INHIBITORS/COMBINATIONS	
AMTURNIDE	3
TEKAMLO	3
TEKTURNA	3
TEKTURNA HCT	3
VALTURNNA	3
DIURETICS	
<i>acetazolamide</i>	2
<i>acetazolamide sodium</i>	2
ALDACTAZIDE	4
<i>amiloride & hydrochlorothiazide</i>	1
<i>amiloride hcl</i> (generic of MIDAMOR)	2
<i>bumetanide</i>	2
<i>chlorothiazide</i>	1
<i>chlorthalidone</i>	1
DEMADEX	4
DIAMOX	4
DIURIL	4
DIURIL IV	4
DYAZIDE	4
DYRENIUM	4

Drug Name	Drug Requirements/ Tier	Limits
EDECIN	4	
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	1	
<i>furosemide</i> 10mg/ml	2	
FUROSEMIDE 8mg/ml	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) 12.5mg, 25mg, 50mg	1	
HYDROCHLOROTHIAZIDE 12.5mg	1	
<i>indapamide</i>	1	
LASIX	4	
MAXZIDE	4	
MAXZIDE-25	4	
<i>methazolamide</i> (generic of NEPTAZANE)	2	
METHYCLOTHIAZIDE	2	
<i>metolazone</i>	2	
MICROZIDE	4	
SODIUM EDECIN	4	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	4	
<i>toremide</i> (generic of DEMADEX) 100mg, 10mg, 20mg, 5mg	2	
TORSEMIDE 20mg/2ml	3	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of DYZIDE)	1	
ZAROXOLYN	4	
MISCELLANEOUS		
BIDIL	3	
CLORPRES	2	
DEMSER	4	
DIBENZYLINE	4	
<i>hydralazine hcl</i>	2	
<i>methyl dopa</i>	1	
METHYLDOPA/HYDROCHL OROTH	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i>	2	
RANEXA	3	
NITRATES		
DILATRATE SR	4	
ISORDIL TITRADOSE 40mg	3	
ISORDIL TITRADOSE 5mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>isosorbide dinitrate</i> 10mg, 2.5mg, 20mg, 30mg, 5mg	1	
<i>isosorbide dinitrate</i> 40mg	2	
<i>isosorbide mononitrate</i> (generic of MONOKET)	2	
MONOKET	4	
NITRO-BID	4	
NITRO-DUR .3mg/hr, .8mg/hr	3	
NITRO-DUR .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	4	
<i>nitroglycerin</i> (generic of NITRO-DUR)	2	
NITROLINGUAL PUMPSPRAY	3	
NITROMIST	4	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM PA
LETAIRIS	5	NM PA
REMODULIN	5	B/D NM
REVATIO	5	NM PA
TRACLEER	5	NM LA PA
VENTAVIS	5	B/D NM
CENTRAL NERVOUS SYSTEM ANTI-ANXIETY		
<i>buspirone hcl</i> 10mg, 15mg, 30mg, 5mg	2	
BUSPIRONE HCL 7.5mg	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine tab 100mg</i>	2	
LUVOX CR	4	
ANTICONVULSANTS		
BANZEL	4	
<i>carbamazepine</i> (generic of TEGRETOL) 100mg, 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) 100mg/5ml, 200mg, 400mg	2	
CARBATROL	4	
CELONTIN	3	
DEPACON	4	
DEPAKENE	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DILANTIN	3	
DILANTIN INFATABS	3	

Drug Name	Tier	Drug Requirements/ Limits
<i>divalproex sodium</i> (generic of DEPAKOTE)	2	
<i>ethosuximide</i> (generic of ZARONTIN)	2	
FELBATOL	4	
<i>gabapentin</i> (generic of NEURONTIN) 100mg QL (1080 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) 250mg/5ml QL (5 bottles / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) 800mg QL (120 tabs / 30 days)	2	QL
GABITRIL	4	
KEPPRA	4	
KEPPRA XR	4	
LAMICTAL	4	
LAMICTAL CHEWABLE DISPERS	4	
LAMICTAL ODT	4	
LAMICTAL STARTER/NOT TAKI	4	
LAMICTAL STARTER/TAKING C	4	
LAMICTAL STARTER/TAKING V	4	
LAMICTAL XR	4	
<i>lamotrigine</i> (generic of LAMICTAL)	2	
<i>levetiracetam</i> (generic of KEPPRA)	2	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 caps / 30 days)	3	QL
LYRICA 300mg QL (60 caps / 30 days)	3	QL
MYSOLINE	4	

Drug Name	Tier	Drug Requirements/ Limits
NEURONTIN 100mg QL (1080 caps / 30 days)	4	QL
NEURONTIN 250mg/5ml QL (5 bottles / 30 days)	4	QL
NEURONTIN 300mg QL (360 caps / 30 days)	4	QL
NEURONTIN 400mg QL (270 caps / 30 days)	4	QL
NEURONTIN 600mg QL (180 tabs / 30 days)	4	QL
NEURONTIN 800mg QL (120 tabs / 30 days)	4	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL)	2	
PEGANONE	3	
PHENYTEK	4	
<i>phenytoin</i> (generic of DILANTIN)	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i> (generic of DILANTIN)	2	
<i>primidone</i> (generic of MYSOLINE)	2	
SABRIL	5	NM
STAVZOR	4	
TEGRETOL	4	
TEGRETOL-XR 100mg	3	
TEGRETOL-XR 200mg, 400mg	4	
TOPAMAX	4	
TOPAMAX SPRINKLE	4	
<i>topiramate</i> (generic of TOPAMAX)	2	
TRILEPTAL	4	
<i>valproate sodium</i> (generic of DEPACON)	2	
<i>valproic acid</i> (generic of DEPAKENE)	2	
VIMPAT	3	
ZARONTIN	4	
ZONEGRAN	4	
<i>zonisamide</i> (generic of ZONEGRAN)	2	
ANTIDEMENTIA		
ARICEPT	4	
ARICEPT ODT	4	
<i>donepezil hydrochloride</i> (generic of ARICEPT)	2	

Drug Name	Drug Requirements/ Tier Limits
EXELON 2mg/ml, 4.6mg/24hr, 9.5mg/24hr	3
EXELON 1.5mg, 3mg, 4.5mg, 6mg	4
<i>galantamine hydrobromide</i> (generic of RAZADYNE)	2
NAMENDA	3
NAMENDA TITRATION PAK	3
RAZADYNE	4
RAZADYNE ER	4
<i>rivastigmine tartrate</i> (generic of EXELON)	2
ANTIDEPRESSANTS	
<i>amitriptyline hcl</i>	1
AMOXAPINE	3
ANAFRANIL	4
APLENZIN	4
<i>bupropion hcl</i> (generic of WELLBUTRIN)	2
CELEXA	4
<i>citalopram hydrobromide</i> (generic of CELEXA) 10mg, 20mg, 40mg	1
<i>citalopram hydrobromide</i> 10mg/5ml	2
<i>clomipramine hcl</i> (generic of ANAFRANIL)	2
CYMBALTA	3
<i>desipramine hcl</i> (generic of NORPRAMIN)	2
<i>doxepin hcl</i> 100mg, 10mg, 25mg, 50mg, 75mg	1
<i>doxepin hcl</i> 10mg/ml	2
DOXEPIN HCL 150mg	2
EFFEXOR XR	4
EMSAM	3
<i>fluoxetine hcl</i> (generic of PROZAC)	2
<i>imipramine hcl</i> (generic of TOFRANIL)	2
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	2
LEXAPRO	4
MAPROTILINE HCL	2
MARPLAN	3
<i>mirtazapine</i> (generic of REMERON)	2
NARDIL	4
NEFAZODONE HCL	2

Drug Name	Drug Requirements/ Tier Limits
NORPRAMIN	4
<i>nortriptyline hcl</i> (generic of PAMELOR) 10mg, 25mg, 50mg, 75mg	1
<i>nortriptyline hcl</i> 10mg/5ml	2
OLEPTRO	4
PAMELOR	4
PARNATE	4
<i>paroxetine hcl</i> (generic of PAXIL)	2
PAXIL	4
PAXIL CR	4
PEXEVA	4
<i>phenelzine sulfate</i> (generic of NARDIL)	2
PRISTIQ	4
<i>protriptyline hcl</i> (generic of VIVACTIL)	2
PROZAC	4
PROZAC WEEKLY	4
REMERON	4
REMERON SOLTAB	4
<i>sertraline hcl</i> (generic of ZOLOFT)	2
SURMONTIL 100mg	3
SURMONTIL 25mg, 50mg	4
TOFRANIL	4
TOFRANIL-PM	4
<i>tranylcypromine sulfate</i> (generic of PARNATE)	2
<i>trazodone hcl</i> 100mg, 150mg, 50mg	1
<i>trazodone hcl</i> 300mg	2
<i>venlafaxine hcl</i> 100mg, 150mg, 25mg, 37.5mg, 50mg, 75mg	2
<i>venlafaxine hcl</i> (generic of VENLAFAXINE HCL ER) 150mg, 37.5mg, 75mg	4
VENLAFAXINE HCL ER	4
VIIBRYD	4
VIVACTIL	4
WELLBUTRIN	4
WELLBUTRIN SR	4
WELLBUTRIN XL	4
ZOLOFT	4

ANTIPARKINSONIAN AGENTS

Drug Name	Drug Requirements/ Tier	Limits
<i>amantadine hcl</i> 100mg, 50mg/5ml	2	
AMANTADINE HCL 100mg	2	
APOKYN	5	NM
AZILECT	3	
<i>benztropine mesylate</i> .5mg, 1mg, 2mg	1	
<i>benztropine mesylate</i> (generic of COGENTIN) 1mg/ml	2	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	2	
<i>carbidopa-levodopa</i> (generic of PARCOPA)	2	
COGENTIN	4	
COMTAN	3	
ELDEPRYL	4	
LODOSYN	4	
MIRAPEX	4	
MIRAPEX ER	4	
PARCOPA	4	
PARLODEL	4	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX)	2	
REQUIP	4	
REQUIP XL	4	
<i>ropinirole hydrochloride</i> (generic of REQUIP)	2	
<i>selegiline hcl</i> (generic of ELDEPRYL)	2	
SINEMET	4	
SINEMET CR	4	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	4	
ANTIPSYCHOTICS		
ABILIFY	4	
ABILIFY DISCMELT	4	
<i>chlorpromazine hcl</i> 100mg, 10mg, 200mg, 25mg, 50mg	2	
CHLORPROMAZINE HCL 25mg/ml	3	
<i>clozapine</i> (generic of CLOZARIL)	2	

Drug Name	Drug Requirements/ Tier	Limits
CLOZARIL	4	
FANAPT	4	
FANAPT TITRATION PACK	4	
FAZACLO	4	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i> 10mg, 1mg, 2.5mg, 5mg	2	
FLUPHENAZINE HCL 2.5mg/5ml, 2.5mg/ml, 5mg/ml	2	
GEODON	4	
HALDOL	4	
HALDOL DECANOATE 100	4	
HALDOL DECANOATE 50	4	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100)	2	
<i>haloperidol lactate</i>	2	
INVEGA	4	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	4	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NM
LATUDA	4	
<i>loxapine succinate</i> (generic of LOXITANE)	2	
LOXITANE	4	
NAVANE	4	
ORAP	3	
<i>perphenazine</i>	2	
RISPERDAL	4	
RISPERDAL CONSTA 12.5mg, 25mg	3	
RISPERDAL CONSTA 37.5mg, 50mg	5	NM
RISPERDAL M-TAB	4	
<i>risperidone</i> (generic of RISPERDAL)	2	
RISPERIDONE ODT	2	
SAPHRIS	4	
SEROQUEL	3	
SEROQUEL XR	3	
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i> (generic of NAVANE)	2	
<i>trifluoperazine hcl</i>	2	
ZYPREXA	4	

Drug Name	Tier	Drug Requirements/ Limits
ZYPREXA ZYDIS	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	4	PA
<i>amphetamine-dextroamphetamine</i> (generic of ADDERALL)	2	PA
CONCERTA	4	PA
DAYTRANA	4	PA
DEXEDRINE	4	PA
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) 10mg, 15mg, 5mg	2	PA
DEXTROAMPHETAMINE SULFATE 10mg	2	PA
INTUNIV	4	
METADATE CD	4	PA
METHYLIN	4	PA
<i>methylphenidate hcl</i> (generic of RITALIN) 10mg, 10mg/5ml, 20mg, 5mg, 5mg/5ml	2	PA
<i>methylphenidate hcl</i> 10mg, 20mg	2	
RITALIN	4	PA
RITALIN LA	4	PA
RITALIN SR	4	PA
STRATTERA	3	PA
VYVANSE	4	PA
HYPNOTICS		
AMBIEN QL (30 tabs / 30 days)	4	QL
AMBIEN CR QL (30 ea / 30 days)	4	QL
EDLUAR QL (30 ea / 30 days)	4	QL
LUNESTA QL (30 tabs / 30 days)	4	QL
ROZEREM QL (30 tabs / 30 days)	4	QL
SONATA QL (30 caps / 30 days)	4	QL
<i>zaleplon</i> (generic of SONATA) QL (30 caps / 30 days)	2	QL
<i>zolpidem tartrate</i> (generic of AMBIEN CR) QL (30 ea / 30 days)	2	QL
<i>zolpidem tartrate ir</i> (generic of AMBIEN) QL (30 tabs / 30 days)	1	QL

MIGRAINE

Drug Name	Tier	Drug Requirements/ Limits
AMERGE QL (9 tabs / 30 days)	4	QL
AXERT QL (12 tabs / 30 days)	4	QL
CAFERGOT	4	
D.H.E. 45 <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45)	4	
ERGOMAR <i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	2	
FROVA QL (18 tabs / 30 days)	4	QL
IMITREX 100mg, 25mg, 50mg QL (9 tabs / 30 days)	4	QL
IMITREX 20mg/act, 5mg/act QL (12 inhalers / 30 days)	4	QL
IMITREX 6mg/0.5ml QL (20 vials / 30 days)	4	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (8 cartridges / 30 days)	4	QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (8 syringes / 30 days)	4	QL
MAXALT QL (12 tabs / 30 days)	3	QL
MAXALT-MLT QL (12 ea / 30 days)	3	QL
MIGERGOT	3	
MIGRANAL QL (8 bottles / 30 days)	4	QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	2	QL
RELPAX QL (12 tabs / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) 100mg, 25mg, 50mg QL (9 tabs / 30 days)	2	QL
<i>sumatriptan succinate</i> (generic of IMITREX) 6mg/0.5ml QL (20 vials / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
SUMATRIPTAN SUCCINATE 4mg/0.5ml QL (20 vials / 30 days)	2	QL
TREXIMET QL (9 tabs / 30 days)	4	QL
ZOMIG 2.5mg, 5mg QL (12 tabs / 30 days)	4	QL
ZOMIG 5mg QL (2 bottles / 30 days)	4	QL
ZOMIG ZMT QL (12 ea / 30 days)	4	QL
MISCELLANEOUS		
EQUETRO	4	
GUANIDINE HCL	3	
<i>lithium carbonate</i> (generic of LITHIUM CARBONATE) 150mg, 300mg, 450mg, 600mg	2	
LITHIUM CARBONATE 300mg	2	
LITHIUM CITRATE	3	
LITHOBID	4	
MESTINON 60mg/5ml	3	
MESTINON 60mg	4	
MESTINON TIMESPAN	3	
MYTELASE	4	
NUDEXTA	4	PA
<i>pyridostigmine bromide</i> (generic of MESTINON)	2	
REGONOL	3	
RILUTEK	5	NM
SAVELLA	4	
SAVELLA TITRATION PACK	4	
XENAZINE	5	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM PA
AVONEX QL (2 boxes / 28 days)	5	QL NM PA
BETASERON QL (14 vials / 28 days)	5	QL NM PA
COPAXONE QL (30 boxes / 30 days)	5	QL NM PA
EXTAVIA QL (14 boxes / 28 days)	5	QL NM PA
GILENYA	5	NM PA
REBIF QL (12 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
REBIF TITRATION PACK QL (1.429 boxes / 28 days)	5	QL NM PA
TYSABRI	5	NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	4	PA
<i>baclofen</i>	2	
<i>carisoprodol</i> (generic of SOMA) QL (120 tabs / 30 days)	2	QL PA
<i>carisoprodol w/ aspirin</i> QL (240 tabs / 30 days)	2	QL PA
<i>carisoprodol w/ aspirin & codeine</i> QL (240 tabs / 30 days)	2	QL PA
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)	1	PA
<i>cyclobenzaprine hcl</i> (generic of FLEXERIL) 10mg, 5mg	2	PA
<i>cyclobenzaprine hcl</i> (generic of AMRIX) 15mg, 30mg	2	
DANTRIUM	4	
<i>dantrolene sodium</i> (generic of DANTRIUM)	2	
FEXMID	4	PA
FLEXERIL	4	PA
<i>metaxalone</i> (generic of SKELAXIN)	2	PA
<i>methocarbamol</i> (generic of ROBAXIN)	1	PA
<i>orphenadrine citrate</i>	2	PA
ORPHENADRINE COMPOUND DS	2	PA
<i>orphenadrine w/ aspirin & caff</i>	2	PA
PARAFON FORTE DSC	4	PA
ROBAXIN 100mg/ml	3	
ROBAXIN 500mg	4	PA
SKELAXIN	4	PA
SOMA QL (120 tabs / 30 days)	4	QL PA
<i>tizanidine hcl</i>	2	
ZANAFLEX	4	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	3	PA
PROVIGIL	4	PA
XYREM	5	NM LA PA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>buprenorphine hcl</i> (generic of SUBUTEX)	2	PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	2	
CAMPRAL	3	PA
CHANTIX	4	PA
<i>fluoxetine hcl</i> (pddd)	2	
<i>naloxone hcl</i> 1mg/ml	2	
NALOXONE HCL .4mg/ml	2	
<i>naltrexone hcl</i> (generic of REVIA)	2	
NICOTROL INHALER	4	PA
NICOTROL NS	4	PA
PERPHENAZINE/AMITRIPTY LIN	2	
REVIA	4	
SARAFEM	4	
SUBOXONE	3	PA
SUBOXONE	4	PA
SUBUTEX	4	PA
VIVITROL	5	NM
ZYBAN	4	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	NM PA
ANDRODERM	3	PA
ANDROGEL QL (300 gm / 30 days)	3	QL PA
ANDROGEL PUMP QL (150 gm / 30 days)	3	QL PA
ANDROXY	3	PA
AXIRON	4	PA
DEPO-TESTOSTERONE	4	
FORTESTA	4	PA
OXANDRIN	4	PA
<i>oxandrolone</i> (generic of OXANDRIN) 2.5mg	2	PA
<i>oxandrolone</i> (generic of OXANDRIN) 10mg	5	NM PA
STRIANT	4	PA
TESTIM QL (300 gm / 30 days)	4	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE)	2	
<i>testosterone enanthate</i> (generic of DELATESTRYL)	2	
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS	3	
APIDRA	3	

Drug Name	Drug Requirements/ Tier Limits	
APIDRA SOLOSTAR	3	
BYETTA	3	PA
GAUZE PADS 2X2	3	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
VICTOZA QL (3 pens / 30 days)	3	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	2	
ACTOPLUS MET	3	
ACTOPLUS MET XR	4	
ACTOS 15mg QL (90 tabs / 30 days)	3	QL
ACTOS 30mg QL (45 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ACTOS 45mg QL (30 tabs / 30 days)	3	QL
AMARYL 1mg QL (240 tabs / 30 days)	4	QL
AMARYL 2mg QL (120 tabs / 30 days)	4	QL
AMARYL 4mg QL (60 tabs / 30 days)	4	QL
DIABETA 1.25mg QL (480 tabs / 30 days)	4	QL
DIABETA 2.5mg QL (240 tabs / 30 days)	4	QL
DIABETA 5mg QL (120 tabs / 30 days)	4	QL
DUETACT	3	
FORTAMET	4	
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL) 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 10mg QL (60 ea / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 2.5mg QL (240 ea / 30 days)	2	QL
<i>glipizide</i> (generic of GLUCOTROL XL) 5mg QL (120 ea / 30 days)	2	QL
<i>glipizide-metformin hcl</i> (generic of METAGLIP)	2	
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	
GLUCOTROL 10mg QL (120 tabs / 30 days)	4	QL
GLUCOTROL 5mg QL (240 tabs / 30 days)	4	QL
GLUCOTROL XL 10mg QL (60 ea / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
GLUCOTROL XL 2.5mg QL (240 ea / 30 days)	4	QL
GLUCOTROL XL 5mg QL (120 ea / 30 days)	4	QL
GLUCOVANCE	4	
GLUMETZA	4	
<i>glyburide</i> 1.25mg QL (480 tabs / 30 days)	2	QL
<i>glyburide</i> 2.5mg QL (240 tabs / 30 days)	2	QL
<i>glyburide</i> 5mg QL (120 tabs / 30 days)	2	QL
<i>glyburide micronized</i> (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 3mg QL (120 tabs / 30 days)	1	QL
<i>glyburide micronized</i> (generic of GLYNASE) 6mg QL (60 tabs / 30 days)	1	QL
<i>glyburide-metformin</i> (generic of GLUCOVANCE)	2	
GLYCRON QL (90 tabs / 30 days)	4	QL
GLYNASE 1.5mg QL (240 tabs / 30 days)	4	QL
GLYNASE 3mg QL (120 tabs / 30 days)	4	QL
GLYNASE 6mg QL (60 tabs / 30 days)	4	QL
GLYSET	4	
JANUMET	3	
JANUVIA	3	
KOMBIGLYZE XR	3	
METAGLIP	4	
<i>metformin hcl</i> (generic of GLUCOPHAGE) 1000mg, 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) 500mg QL (120 ea / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) 750mg QL (90 ea / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX)	2	

Drug Name	Drug Requirements/ Tier	Limits
ONGLYZA	3	
PRANDIMET	4	
PRANDIN	3	
PRECOSE	4	
RIOMET	4	
STARLIX	4	
BISPHOSPHONATES		
ACTONEL	4	
<i>alendronate sodium</i> (generic of FOSAMAX)	2	
AREDIA 30mg	4	B/D
AREDIA 90mg	5	B/D NM
ATELVIA	4	
BONIVA 150mg	3	
BONIVA 3mg/3ml	3	B/D
FOSAMAX	4	
FOSAMAX PLUS D	4	
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	4	B/D
ZOMETA	5	B/D NM
CALCITONINS		
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	2	
MIACALCIN 200unit/ml	3	B/D
MIACALCIN 200unit/act	4	
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	3	
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
EXJADE 125mg	3	PA
EXJADE 250mg, 500mg	5	NM PA
KAYEXALATE	4	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE)	2	
SYPRINE	3	
CONTRACEPTIVES		
BEYAZ	4	
BREVICON-28	4	
CYCLESSA	4	
DEPO-PROVERA CONTRACEPTIV	4	
DEPO-SUBQ PROVERA 104	4	
DESOGEN	4	
<i>desogestrel & ethinyl estradiol</i> (generic of DESOGEN)	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	2	
<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	2	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	2	
ESTROSTEP FE	4	
<i>ethynodiol diacet & eth estrad</i>	2	
<i>levonorgestrel & eth estradiol</i> (generic of NORDETTE-28)	2	
<i>levonorgestrel</i> (emergency oc) (generic of PLAN B)	2	
<i>levonorgestrel-eth estradiol</i> (triphasic)	2	
<i>levonorgestrel-ethinyl estradiol</i> (91-day) (generic of SEASONALE)	2	
LO/OVRAL-28	4	
LOESTRIN 1.5/30-21	4	
LOESTRIN 1/20-21	4	
LOESTRIN 24 FE	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
LOSEASONIQUE	4	
LYBREL	4	
<i>medroxyprogesterone acetate</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	2	
MODICON-28	4	
NECON 10/11-28	3	
NOR-QD	4	
NORDETTE-28	4	
<i>norethin acet & estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	2	
<i>norethindrone & eth estradiol</i> (generic of BREVICON-28)	2	
<i>norethindrone</i> (contraceptive) (generic of NOR-QD)	2	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1.5/30-21)	2	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	2	

Drug Name	Drug Requirements/ Tier Limits	
<i>norethindrone-eth estradiol (triphasic)</i> (generic of ORTHO-NOVUM 7/7/7)	2	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	2	
<i>norgestrel & ethinyl estradiol</i> (generic of LO/OVRAL)	2	
NORINYL 1+35	4	
NUVARING	3	
OGESTREL	2	
ORTHO EVRA	3	
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 7/7/7-28	4	
OVCON-35	4	
OVCON-50 28	4	
SEASONALE	4	
SEASONIQUE	4	
TRI-NORINYL 28	4	
YASMIN 28	4	
YAZ	4	
ZOVIA 1/50E	2	
ENDOMETRIOSIS		
<i>danazol</i>	2	
SYNAREL	3	
ENZYME REPLACEMENTS		
ADAGEN	5	NM PA
ALDURAZYME	5	NM PA
BUPHENYL	5	NM
CARNITOR	4	B/D
CEREDASE	5	NM
CEREZYME	5	NM PA
CYSTADANE	5	NM
CYSTAGON	3	
ELAPRASE	5	NM PA
FABRAZYME	5	NM PA
KUVAN	5	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	2	B/D
MYOZYME	5	NM PA
NAGLAZYME	5	NM PA
ORFADIN	5	NM PA

Drug Name	Drug Requirements/ Tier Limits	
VPRIV	5	NM PA
ZAVESCA	5	NM PA
ESTROGEN/PROGESTINS		
ACTIVELLA	4	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>estradiol & norethindrone acetate</i> (generic of ACTIVELLA)	2	
FEMHRT 1/5	4	
FEMHRT LOW DOSE	4	
PREFEST	4	
PREMPHASE	4	PA
PREMPRO	4	PA
ESTROGENS		
ALORA	4	
CENESTIN	4	PA
CLIMARA	4	
DELESTROGEN	4	
DEPO-ESTRADIOL	4	
DIVIGEL	4	
ELESTRIN	4	
ENJUVIA	4	PA
ESTRACE	4	
ESTRADERM	3	
<i>estradiol</i> (generic of ESTRACE) .5mg, 1mg, 2mg	1	
<i>estradiol</i> (generic of CLIMARA) .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol valerate</i> (generic of DELESTROGEN)	2	
ESTRING	4	
<i>estropipate</i>	1	PA
EVAMIST	4	
FEMRING	4	
FEMTRACE	4	
MENEST	4	PA
MENOSTAR	4	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT 1/5)	2	
PREMARIN .3mg, .45mg, .625mg, .9mg, 1.25mg	4	PA
PREMARIN 25mg	4	
PREMARIN W/APPLICATOR	4	

Drug Name	Drug Requirements/ Tier	Limits
VAGIFEM	4	
VIVELLE-DOT	3	
GLUCOCORTICOIDS		
CELESTONE	4	
CORTEF	4	
CORTISONE ACETATE	2	
DEPO-MEDROL	4	
<i>dexamethasone</i> .5mg, .75mg, 1.5mg, 4mg, 6mg	1	
<i>dexamethasone</i> .5mg/5ml	2	
DEXAMETHASONE 1mg, 2mg	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
DEPAK 13 DAY	4	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i> (generic of CORTEF)	2	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF)	2	
MEDROL	4	
MEDROL DOSEPAK	4	
<i>methylprednisolone</i> (generic of MEDROL) 4mg	1	
<i>methylprednisolone</i> (generic of MEDROL) 16mg, 32mg, 8mg	2	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	2	
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	2	
MILLIPRED	4	
ORAPRED	4	
ORAPRED ODT	4	
PEDIAPRED	4	
<i>prednisolone sodium phosphate</i> (generic of ORAPRED)	2	
<i>prednisone</i> 10mg, 1mg, 2.5mg, 20mg, 5mg	1	
PREDNISON 50mg	1	
PREDNISON 5mg/5ml	2	
PREDNISON INTENSOL	3	
SOLU-CORTEF 250mg	3	
SOLU-CORTEF 100mg	4	
SOLU-MEDROL	4	
VERIPRED 20	4	

Drug Name	Drug Requirements/ Tier	Limits
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM PA
GENOTROPIN MINIQUICK .2mg	4	PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 1mg, 2mg	5	NM PA
HUMATROPE 6mg	4	PA
HUMATROPE 12mg, 24mg	5	NM PA
HUMATROPE COMBO PACK	5	NM PA
NORDITROPIN FLEXPRO	5	NM PA
NORDITROPIN NORDIFLEX PEN	5	NM PA
NUTROPIN	5	NM PA
NUTROPIN AQ PEN	5	NM PA
OMNITROPE	5	NM PA
SAIZEN	5	NM PA
SAIZEN CLICK.EASY	5	NM PA
SEROSTIM	5	NM PA
TEV-TROPIN	5	NM PA
ZORBTIVE	5	NM PA
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>chorionic gonadotropin</i>	2	PA
INCRELEX	5	NM PA
METHERGINE	4	
<i>octreotide acetate</i> (generic of SANDOSTATIN) 100mcg/ml, 200mcg/ml, 50mcg/ml	2	PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 1000mcg/ml, 500mcg/ml	5	NM PA
PROLIA	4	PA
SAMSCA	5	NM PA
SANDOSTATIN	5	NM PA
SANDOSTATIN LAR DEPOT	5	NM PA
SOMATULINE DEPOT	5	NM PA
SOMAVERT	5	NM PA
XGEVA	5	NM PA
PARATHYROID HORMONES		
FORTEO	5	NM PA
PHOSPHATE BINDER AGENTS		

Drug Name	Drug Requirements/ Tier	Limits
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	2	
ELIPHOS	4	
FOSRENOL	3	
PHOSLO	3	
RENAGEL	3	
REVELA	3	
PROGESTINS		
AYGESTIN	4	
CRINONE	4	
ENDOMETRIN	4	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	2	
PROMETRIUM	4	
PROVERA	4	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	3	
THYROID AGENTS		
CYTOMEL	4	
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>levoxyl</i> (generic of SYNTHROID)	1	
<i>lithyronine sodium</i> (generic of TRIOSTAT)	2	
<i>methimazole</i> (generic of TAPAZOLE)	2	
<i>propylthiouracil</i>	1	
SYNTHROID	3	
TAPAZOLE	4	
THYROLAR-1	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
VASOPRESSINS		
DDAVP .01%, .1mg, .2mg	4	
DDAVP 4mcg/ml	5	NM
<i>desmopressin acetate</i> (generic of DDAVP)	2	
<i>desmopressin acetate refrigerated</i> (generic of DDAVP)	2	
<i>desmopressin acetate spray refrigerated</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
STIMATE	4	
GASTROINTESTINAL ANTIEMETICS		
ALOXI	5	B/D NM
ANTIVERT	4	
CESAMET QL (60 caps / 30 days)	4	B/D QL
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	2	QL PA
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	5	QL NM PA
EMEND 80mg QL (4 caps / 30 days)	3	B/D QL
EMEND 125mg QL (2 caps / 30 days)	3	B/D QL
EMEND 40mg	3	
<i>granisetron hcl</i>	2	B/D
GRANISOL	4	B/D
MARINOL 2.5mg QL (60 caps / 30 days)	4	QL PA
MARINOL 10mg, 5mg QL (60 caps / 30 days)	5	QL NM PA
<i>meclizine hcl</i> (generic of ANTIVERT)	2	
<i>metoclopramide hcl</i> (generic of REGLAN) 10mg, 5mg, 5mg/5ml	1	
<i>metoclopramide hcl</i> (generic of REGLAN) 5mg/ml	2	
METOZOLV ODT	4	
<i>ondansetron</i> (generic of ZOFTRAN ODT)	2	B/D
<i>ondansetron hcl</i>	2	B/D
PHENERGAN	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i> 6.25mg/5ml	1	PA
<i>promethazine hcl</i> 12.5mg, 25mg, 50mg	2	PA
<i>promethazine hcl</i> (generic of PHENERGAN) 25mg/ml, 50mg/ml	2	
REGLAN	4	
SANCUSO QL (4 ptch / 30 days)	3	QL
TIGAN	4	PA

Drug Name	Drug Requirements/ Tier	Limits
TRANSDERM-SCOP QL (24 ea / year)	3	QL PA
<i>trimethobenzamide hcl</i> (generic of TIGAN)	2	PA
ZOFRAN	4	B/D
ZOFRAN ODT	4	B/D
ZUPLENZ	4	B/D

ANTISPASMODICS

<i>atropine sulfate</i> .1mg/ml	2	
ATROPINE SULFATE .05mg/ml	2	
BENTYL 10mg, 10mg/5ml, 20mg	4	PA
BENTYL 10mg/ml	4	
CANTIL	4	
<i>dicyclomine hcl</i> (generic of BENTYL) 10mg, 20mg caps	1	PA
<i>dicyclomine hcl</i> (generic of BENTYL) 10mg/5ml	2	PA
<i>dicyclomine hcl</i> 10mg/ml	2	
<i>glycopyrrolate</i> (generic of ROBINUL)	2	
<i>methscopolamine bromide</i> (generic of PAMINE)	2	
PAMINE	4	
PAMINE FORTE	4	
ROBINUL	4	
ROBINUL FORTE	4	

H2-RECEPTOR ANTAGONISTS

AXID	4	
<i>cimetidine</i> tabs	1	
<i>cimetidine hcl</i>	2	
<i>famotidine</i> (generic of PEPCID) 20mg, 40mg	1	
<i>famotidine</i> 10mg/ml, 40mg/5ml	2	
FAMOTIDINE PREMIXED	2	
<i>nizatidine</i> (generic of AXID)	2	
PEPCID	4	
PEPCID I.V.	4	
<i>ranitidine hcl</i> (generic of ZANTAC) 150mg, 300mg tabs	1	
<i>ranitidine hcl</i> 150mg, 150mg/6ml, 15mg/ml, 300mg	2	
ZANTAC	4	

INFLAMMATORY BOWEL DISEASE

Drug Name	Drug Requirements/ Tier	Limits
APRISO	3	
ASACOL	4	
ASACOL HD	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	2	
CANASA	3	
CIMZIA	5	NM PA
COLAZAL	4	
CORTENEMA	4	
DIPENTUM	4	
ENTOCORT EC	5	NM
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)	2	
LIALDA	3	
<i>mesalamine</i>	2	
PENTASA	3	
ROWASA	4	
<i>sulfasalazine</i> (generic of AZULFIDINE)	2	

LAXATIVES

COLYTE-FLAVOR PACKS	4	
GOLYTELY	4	
KRISTALOSE	4	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	4	
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>polyethylene glycol 3350</i>	2	
RELISTOR	3	PA
SUPREP BOWEL PREP	4	
VISICOL	4	

MISCELLANEOUS

ACTIGALL	4	
AMITIZA	3	
CARAFATE 1gm/10ml	3	
CARAFATE 1gm	4	
CYTOTEC	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL)	2	PA
DIPHENOXYLATE/ATROPIN E	2	PA
GASTROCROM	5	NM
HELIDAC	4	
LOMOTIL	4	PA
<i>loperamide hcl</i>	1	
LOTRONEX	3	
<i>misoprostol</i> (generic of CYTOTEC)	2	
MOTOFEN	4	PA
PYLERA	4	
<i>sucralfate</i> (generic of CARAFATE)	2	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i> (generic of URSO 250)	2	
XIFAXAN 550mg	5	NM PA
PANCREATIC ENZYMES		
CREON	4	ST
PANCREAZE	3	
ZENPEP	3	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC	3	
PROTON PUMP INHIBITORS		
ACIPHEX QL (30 ea / 30 days)	4	QL
DEXILANT QL (30 ea / 30 days)	3	QL
<i>lansoprazole</i> (generic of PREVACID) QL (30 ea / 30 days)	2	QL
NEXIUM QL (30 ea / 30 days)	3	QL
NEXIUM I.V.	3	
<i>omeprazole</i> (generic of PRILOSEC) 10mg, 40mg QL (30 ea / 30 days)	2	QL
<i>omeprazole</i> (generic of PRILOSEC) 20mg QL (60 ea / 30 days)	2	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) QL (30 ea / 30 days)	2	QL
PREVACID QL (30 ea / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
PREVACID SOLUTAB QL (30 ea / 30 days)	4	QL
PRILOSEC 10mg, 40mg QL (30 ea / 30 days)	4	QL
PRILOSEC 20mg QL (60 ea / 30 days)	4	QL
PROTONIX 20mg, 40mg QL (30 ea / 30 days)	4	QL
PROTONIX 40mg	4	
ZEGERID QL (30 / 30 days)	4	QL
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
AVODART	4	
CARDURA XL	4	
<i>finasteride</i> (generic of PROSCAR)	2	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	
UROXATRAL	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE)	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10)	2	
URECHOLINE	4	
URINARY ANTISPASMODICS		
DETROL	4	
DETROL LA	3	
DITROPAN XL	4	
ENABLEX	3	
GELNIQUE	3	
<i>oxybutynin chloride</i> 5mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) 10mg, 15mg, 5mg, 5mg/5ml	2	
OXYTROL	4	
SANCTURA	4	
SANCTURA XR	4	
TOVIAZ	4	
<i>trospium chloride</i> (generic of SANCTURA)	2	
VESICARE	3	

Drug Name	Drug Requirements/ Tier	Limits
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100mg	3	
CLEOCIN 2%	4	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	2	
CLINDESSE	4	
GYNAZOLE-1	4	
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	2	
MICONAZOLE 3	2	
TERAZOL 3	4	
TERAZOL 7	4	
<i>terconazole vaginal</i> (generic of TERAZOL 7)	2	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA 2.5mg/0.5ml	3	
ARIXTRA 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	NM
COUMADIN 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	3	
COUMADIN 5mg	4	
<i>enoxaparin sodium</i> (generic of LOVENOX)	2	
FRAGMIN 25000unit/ml, 2500unit/0.2ml, 5000unit/0.2ml	3	
FRAGMIN 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 7500unit/0.3ml	5	NM
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	2	B/D
<i>heparin sod (porcine) in d5w</i>	2	B/D
HEPARIN SODIUM	3	B/D
<i>heparin sodium (porcine)</i>	2	B/D
HEPARIN SODIUM/NACL 0.45%	2	B/D
HEPARIN SODIUM/NACL 0.45%	3	B/D
INNOHEP	4	
LOVENOX	4	
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	3	PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	5	NM PA
EPOGEN	4	PA
LEUKINE	5	NM PA
MOZOBIL	5	NM PA
NEULASTA	5	NM PA
NEUPOGEN	5	NM PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	3	PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM PA
MISCELLANEOUS		
AGRYLIN	4	
<i>anagrelide hcl</i> (generic of AGRYLIN)	2	PA
<i>cilostazol</i> (generic of PLETAL)	2	
CYKLOKAPRON	3	
<i>pentoxifylline</i> (generic of TRENTAL)	2	
PLETAL	4	
PROMACTA	5	NM PA
TRENTAL	4	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>dipyridamole</i> (generic of PERSANTINE)	2	PA
EFFIENT	3	
PERSANTINE	4	PA
PLAVIX	3	
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	5	NM PA
ARAVA	5	NM
ENBREL	5	NM PA
HUMIRA	5	NM PA
HUMIRA PEN-CROHNS DISEASE	5	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	2	
KINERET	5	NM PA

Drug Name	Drug Requirements/ Tier Limits	
<i>leflunomide</i> (generic of ARAVA)	2	
<i>methotrexate tab 2.5mg</i>	2	
ORENCIA	5	NM PA
PLAQUENIL	4	
REMICADE	5	NM PA
RHEUMATREX	3	
SIMPONI	5	NM PA
TREXALL	4	B/D

IMMUNOGLOBULINS

CARIMUNE NANOFILTERED	5	NM PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	NM PA
GAMMAPLEX	5	NM PA
GAMUNEX	5	NM PA
HIZENTRA	5	NM PA
VIVAGLOBIN	5	NM PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM PA
ARCALYST	5	NM PA
INFERGEN	5	NM PA
INTRON-A	5	B/D NM
INTRON-A W/DILUENT	5	B/D NM
PEG-INTRON	5	NM PA
PEG-INTRON REDIPEN	5	NM PA
PEGASYS	5	NM PA
REVLIMID	5	NM LA PA
THALOMID	5	NM PA

IMMUNOSUPPRESSANTS

ATGAM	4	B/D
AZASAN	3	B/D
<i>azathioprine</i> (generic of IMURAN)	2	B/D
AZATHIOPRINE SODIUM	2	B/D
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	4	B/D
<i>cyclosporine</i> (generic of SANDIMMUNE)	2	B/D
CYCLOSPORINE MODIFIED	2	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL)	2	B/D
IMURAN	4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT)	2	B/D
MYFORTIC	3	B/D
NEORAL	3	B/D
ORTHOCLONE OKT3	4	B/D
PROGRAF .5mg, 1mg	3	B/D
PROGRAF 5mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier Limits	
PROGRAF 5mg	5	B/D NM
RAPAMUNE	3	B/D
SANDIMMUNE 100mg, 100mg/ml, 25mg	3	B/D
SANDIMMUNE 50mg/ml	4	B/D
SIMULECT	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) .5mg, 1mg	2	B/D
<i>tacrolimus</i> (generic of PROGRAF) 5mg	5	B/D NM
THYMOGLOBULIN	4	B/D
ZORTRESS .25mg, .5mg	3	B/D
ZORTRESS .75mg	5	B/D NM

VACCINES

ACTHIB	3	
ADACEL	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DECAVAC	3	B/D
DIPHtheria/TETANUS TOXOID	3	B/D
ENGERIX-B	3	B/D
GARDASIL	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
I POL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOS	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTATEQ	3	
SYNAGIS	5	NM
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHtheria TOXOID	3	B/D
TRIPEDIA	3	
TWINRIX	3	

Drug Name	Drug Requirements/ Tier	Limits
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE	4	
K-TABS	4	
KLOR-CON M15	3	
<i>magnesium sulfate</i> 50%	2	
MAGNESIUM SULFATE 40mg/ml, 80mg/ml	4	
<i>parenteral electrolytes</i>	2	B/D
<i>potassium chloride</i> (generic of K-TABS) 10meq, 2meq/ml, 8meq	2	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	2	
SOD FLUORIDE 2.2MG TAB	2	
<i>sodium chloride</i> 2.5meq/ml	2	
IV NUTRITION		
<i>amino acid electrolyte infusion</i>	2	B/D
<i>amino acid infusion</i> (generic of AMINOSYN II)	2	B/D
AMINOSYN	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 4.25%/DEXTROSE	3	B/D
AMINOSYN II 5%/DEXTROSE 25	3	B/D
AMINOSYN II M 3.5%/DEXTRO	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 1	3	B/D
CLINIMIX 4.25%/DEXTROSE 2	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
<i>fat emulsion</i> (generic of INTRALIPID)	2	B/D
FREAMINE III 3%	3	B/D
HEPATASOL	3	B/D
INTRALIPID	3	B/D
LIPOSYN II	3	B/D
LIPOSYN III	3	B/D
NEPHRAMINE	3	B/D
PREMASOL	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose</i>	2	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 5%	3	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	3	
<i>dextrose w/ sodium chloride</i>	2	
<i>electrolyte-m in dextrose</i>	2	
<i>electrolyte-r</i>	2	
<i>electrolyte-r in dextrose</i>	2	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S/DEXTROSE 5%	3	

Drug Name	Drug Requirements/ Tier	Limits
KCL 0.15%/D10W/NAACL 0.2%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NAACL 0.225%	3	
KCL 0.3%/D5W/LR IV LAC RI	2	
KCL 0.3%/D5W/NAACL 0.9% <i>lactated ringer's</i>	3 2	
MAGNESIUM SULFATE IN D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE 56	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) .4meq/ml, 10meq/100ml, 30meq/100ml	2	
POTASSIUM CHLORIDE 10meq/50ml	2	
POTASSIUM CHLORIDE 0.224%	2	
POTASSIUM CHLORIDE 0.3%/	3	
<i>potassium chloride in dextrose</i>	2	
<i>potassium chloride in dextrose & sodium chloride</i> (generic of KCL 0.15%/D5W/NAACL 0.9%)	2	
<i>potassium chloride in nacl</i> (generic of POTASSIUM CHLORIDE 0.15%)	2	
<i>ringer's</i>	2	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	2	
VITAMINS		
CALCIJEX	4	B/D
<i>calcitriol</i> (generic of ROCALTROL)	2	B/D
HECTOROL	4	B/D
<i>prenatal vitamins</i>	2	
ROCALTROL	4	B/D
ZEMPLAR	3	B/D
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
BLEPHAMIDE	4	

Drug Name	Drug Requirements/ Tier	Limits
BLEPHAMIDE S.O.P.	3	
MAXITROL	4	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
NEOMYCIN/POLYMYXIN/BA CITR	2	
NEOMYCIN/POLYMYXIN/HY DROC	2	
POLY-PRED	4	
<i>sulfacetamide</i>	2	
<i>sod-prednisolone</i>		
TOBRADEX	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	2	
ZYLET	4	
ANTI-INFECTIVES		
AZASITE	3	
BACITRACIN	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	4	
BLEPH-10	4	
CILOXAN .3%	3	
CILOXAN .3%	4	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	2	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN) .3%	1	
<i>gentamicin sulfate (ophth)</i> .3%	2	
<i>levofloxacin (ophth)</i> (generic of QUIXIN)	2	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-gramicid</i> (generic of NEOSPORIN)	2	
NEOSPORIN	4	
OCUFLOX	4	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
POLYTRIM	4	
QUIXIN	4	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	1	

Drug Name	Drug Requirements/ Tier Limits
<i>tobramycin sulfate (ophth)</i> (generic of TOBREX)	1
TOBREX .3%	3
TOBREX .3%	4
<i>trifluridine</i> (generic of VIROPTIC)	2
VIGAMOX	3
VIROPTIC	4
ZIRGAN	4
ZYMAR	3
ZYMAXID	3
ANTI-INFLAMMATORIES	
ACULAR	4
ACULAR LS	4
ACUVAIL	4
BROMDAY	4
BROMFENAC	2
<i>dexamethasone sodium phosphate (ophth)</i>	2
<i>diclofenac sodium (ophth)</i> (generic of VOLTAREN)	2
DUREZOL	4
FLAREX	4
<i>fluorometholone (ophth)</i> (generic of FML LIQUIFILM)	1
<i>flurbiprofen sodium</i> (generic of OCUFEN)	1
FML	3
FML FORTE	4
FML LIQUIFILM	4
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS)	2
LOTEMAX	4
MAXIDEX	4
NEVANAC	4
OCUFEN	4
OMNIPRED	4
PRED FORTE	4
PRED MILD	4
PRED-G	4
PRED-G S.O.P.	4
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSP	3
VEXOL	4
VOLTAREN .1%	4

Drug Name	Drug Requirements/ Tier Limits
ANTIALLERGICS	
ALAMAST	4
ALOCRIAL	4
ALOMIDE	4
ALREX	3
<i>azelastine hcl (ophth)</i> (generic of OPTIVAR)	2
BEPREVE	4
<i>cromolyn sodium (ophth)</i>	1
ELESTAT	4
EMADINE	4
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	2
LASTACAFT	4
OPTIVAR	4
PATADAY	3
PATANOL	3
ANTI GLAUCOMA	
ALPHAGAN P .1%	3
ALPHAGAN P .15%	4
AZOPT	3
BETAGAN	4
BETAXOLOL HCL .5%	2
BETIMOL	4
BETOPTIC-S	3
<i>brimonidine tartrate</i>	2
<i>carteolol hcl (ophth)</i>	2
COMBIGAN	3
COSOPT	4
<i>dorzolamide hcl</i> (generic of TRUSOPT)	2
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	2
ISTALOL	4
<i>latanoprost</i> (generic of XALATAN) QL (1 bottle / 30 days)	2 QL
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	1
LEVOBUNOLOL HCL .25%	1
LUMIGAN .01% QL (0.5 bottles / 30 days)	3 QL
LUMIGAN .03% QL (0.333 bottles / 30 days)	3 QL
<i>metipranolol</i> (generic of OPTIPRANOLOL)	2

Drug Name	Tier	Drug Requirements/ Limits
OPTIPRANOLOL	4	
PHOSPHOLINE IODIDE	4	
PILOPINE HS	3	
<i>timolol maleate (ophth gel)</i> (generic of TIMOPTIC-XE)	2	
<i>timolol maleate (ophth soln)</i> (generic of TIMOPTIC)	1	
TIMOPTIC OCUDOSE	4	
TIMOPTIC-XE	4	
TRAVATAN Z QL (1 bottle / 30 days)	3	QL
TRUSOPT	4	
XALATAN QL (1 bottle / 30 days)	4	QL
MISCELLANEOUS		
ALCAINE	4	
BOTOX	5	NM PA
LACRISERT	3	
<i>naphazoline hcl</i>	1	
<i>proparacaine hcl</i> (generic of ALCAINE)	2	
RESTASIS	3	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT QL (2.041 inhalers / 30 days)	3	QL
DUONEB	4	B/D
<i>ipratropium-albuterol</i> (generic of DUONEB)	2	B/D
ANTICHOLINERGICS		
ATROVENT	4	
ATROVENT HFA QL (2.016 inhalers / 30 days)	3	QL
<i>ipratropium bromide</i>	2	B/D
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	2	
SPIRIVA HANDIHALER QL (30 caps / 30 days)	3	QL
ANTI-HISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D 12 HOUR	4	
CLARINEX-D 24 HOUR	4	
<i>promethazine & phenylephrine</i>	2	PA
SEMPREX-D	4	

ANTI-HISTAMINES

Drug Name	Tier	Drug Requirements/ Limits
ASTELIN QL (2 bottles / 30 days)	4	QL
ASTEPRO QL (2 spray-bottles / 30 days)	3	QL
<i>azelastine hcl</i> (generic of ASTELIN) QL (2 bottles / 30 days)	2	QL
<i>carbinoxamine maleate</i> (generic of PALGIC)	2	
<i>cetirizine hcl</i>	2	
CLARINEX	4	
CLARINEX REDITABS	4	
<i>clemastine fumarate</i>	2	
<i>cyproheptadine hcl</i>	2	PA
DEXCHLORPHENIRAMINE MALEA	2	
<i>diphenhydramine hcl</i> (generic of BENADRYL)	2	
<i>fexofenadine hcl</i>	2	
<i>hydroxyzine hcl</i> 10mg, 10mg/5ml, 25mg, 50mg	2	PA
<i>hydroxyzine hcl</i> 25mg/ml, 50mg/ml	2	
<i>hydroxyzine pamoate</i>	2	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL)	2	
PALGIC	4	
PATANASE	4	
VISTARIL	4	PA
XYZAL	4	
BETA AGONISTS		
ACCUNEB	4	B/D
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg	1	
<i>albuterol sulfate</i> .083%, .5%, .63mg/3ml, 1.25mg/3ml	2	B/D
<i>albuterol sulfate</i> (generic of VOSPIRE ER) 4mg, 8mg	2	
BROVANA	4	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	3	QL
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE)	2	B/D
PERFOROMIST	4	B/D
PROAIR HFA QL (2.118 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
PROVENTIL HFA QL (2.09 inhalers / 30 days)	4	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	4	QL
<i>terbutaline sulfate</i>	2	
VENTOLIN HFA QL (2 inhalers / 30 days)	4	QL
VOSPIRE ER	4	
XOPENEX	4	B/D
XOPENEX HFA QL (2 inhalers / 30 days)	4	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	4	
SINGULAIR	3	
<i>zafirlukast</i> (generic of ACCOLATE)	2	
ZYFLO CR	4	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	2	B/D
ARALAST NP	5	NM PA
CAYSTON	5	NM PA
<i>epinephrine hcl</i>	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
GLASSIA	5	NM PA
PROLASTIN	5	NM PA
PROLASTIN-C	5	NM PA
PULMOZYME	5	B/D NM
TOBI	5	B/D NM
TWINJECT	4	
TYZINE	4	
TYZINE PEDIATRIC NASAL DR	4	
XOLAIR	5	NM PA
ZEMAIRA	5	NM PA
NASAL STEROIDS		
BECONASE AQ QL (2 inhalers / 30 days)	4	QL
FLONASE QL (1 bottle / 30 days)	4	QL
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	2	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
NASACORT AQ QL (1.03 inhalers / 30 days)	3	QL
NASONEX QL (2 inhalers / 30 days)	4	QL
OMNARIS QL (1.04 inhalers / 30 days)	4	QL
RHINOCORT AQUA QL (2.093 bottles / 30 days)	4	QL
VERAMYST QL (1 bottle / 30 days)	4	QL
STEROID INHALANTS		
ALVESCO QL (2.131 inhalers / 30 days)	4	QL
ASMANEX 120 METERED DOSES QL (8.333 inhalers / 30 days)	3	QL
ASMANEX 14 METERED DOSES QL (8.333 inhalers / 30 days)	3	QL
ASMANEX 30 METERED DOSES 110mcg/inh QL (14.815 inhalers / 30 days)	3	QL
ASMANEX 30 METERED DOSES 220mcg/inh QL (8.333 inhalers / 30 days)	3	QL
ASMANEX 60 METERED DOSES QL (8.333 inhalers / 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	2	B/D
FLOVENT DISKUS QL (2 inhalers / 30 days)	4	QL
FLOVENT HFA 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	4	QL
FLOVENT HFA 44mcg/act QL (2.264 inhalers / 30 days)	4	QL
PULMICORT	4	B/D
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 30 days)	4	QL
QVAR QL (2.759 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (1 kit / 30 days)	4	QL
ADVAIR HFA QL (1 inhaler / 30 days)	4	QL
DULERA QL (1 inhaler / 30 days)	3	QL
SYMBICORT QL (1.078 inhalers / 30 days)	3	QL
SYMBICORT QL (1.594 inhalers / 30 days)	3	QL
XANTHINES		
<i>aminophylline</i> 25mg/ml	2	
AMINOPHYLLINE 100mg, 200mg	1	
ELIXOPHYLLIN	3	
LUFYLLIN	4	
THEO-24	3	
<i>theophylline</i>	2	
THEOPHYLLINE ER	2	
TOPICAL DERMATOLOGY, ACNE		
ACANYA	4	
<i>adapalene</i> (generic of DIFFERIN)	2	
AKNE-MYCIN	4	
ATRALIN	4	
AZELEX	4	
BENZAACLIN WITH PUMP	4	
BENZAMYCIN	4	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	2	
CLEOCIN-T	4	
CLINDAGEL	4	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T)	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZAACLIN)	2	
DIFFERIN	4	
EPIDUO	4	
<i>erythromycin (acne aid)</i>	2	
EVOCLIN	4	
<i>isotretinoin</i>	2	
KLARON	4	
RETIN-A	4	
RETIN-A MICRO	4	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	2	
TRETIN-X	4	
<i>tretinoin</i> (generic of RETIN-A) .01%, .025%, .05%, .1%	2	
ZIANA	4	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	3	
EFUDEX	4	
FLUOROPLEX	4	
<i>fluorouracil (topical)</i>	2	
SOLARAZE	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	4	
BACTROBAN 2%	3	
BACTROBAN 2%	4	
BACTROBAN NASAL	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> (generic of BACTROBAN)	2	
PHISOHEX	4	
SILVADENE	4	
<i>silver sulfadiazine</i> (generic of SILVADENE)	1	
SULFAMYLON	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox 0.77% crm, gel, susp</i> (generic of LOPROX)	2	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	2	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	2	
ERTACZO	4	
EXELDERM	4	
EXTINA	4	

Drug Name	Drug Requirements/ Tier Limits	
<i>ketoconazole (topical)</i> 2%	2	
LOPROX	4	
LOPROX SHAMPOO	4	
MENTAX	4	
NAFTIN	4	
<i>nystatin (topical)</i> 100000unit/gm	1	
<i>nystatin (topical)</i> 100000unit/gm	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
ANUSOL-HC	4	
CORTIFOAM	4	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) 2.5%	1	
ZONALON	3	
DERMATOLOGY, ANTIPSORIATICS		
8-MOP	4	
AMEVIVE	5	NM
<i>calcipotriene</i> (generic of DOVONEX) .005%	2	
CALCIPOTRIENE .005%	2	
DOVONEX	3	
DOVONEX SCALP	4	
OXSORALEN ULTRA	5	NM PA
SORIATANE	5	NM PA
STELARA	5	NM PA
TAZORAC	4	
VECTICAL	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> (generic of NIZORAL) 2%	2	
NIZORAL	4	
<i>selenium sulfide</i> (generic of SELSUN SHAMPOO)	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	3	
ZOVIRAX 5%	3	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	4	
ALA SCALP	4	
<i>alclometasone dipropionate</i> (generic of ACLOVATE)	2	
<i>amcinonide</i> .1%	2	
AMCINONIDE .1%	2	
AMCINONIDE .1%	4	

Drug Name	Drug Requirements/ Tier Limits	
<i>betamethasone dipropionate</i> (topical)	1	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE)	2	
<i>betamethasone valerate</i>	1	
CAPEX	4	
CARMOL-HC	4	
<i>clobetasol propionate</i> (generic of TEMOVATE)	2	
<i>clobetasol propionate</i> <i>emollient base</i> (generic of TEMOVATE E)	2	
CLOBEX	4	
CLODERM	4	
CORDRAN	4	
CORDRAN SP	4	
CORDRAN TAPE	4	
CUTIVATE	4	
DERMA-SMOOTH/FS BODY OIL	3	
DERMATOP	4	
DESONATE	4	
<i>desonide</i> (generic of DESOWEN)	2	
DESOWEN	4	
DESOWEN	4	
LOTION/CETAPHIL C		
DESOWEN	4	
OINTMENT/CETAPHIL		
<i>desoximetasone</i> (generic of TOPICORT)	2	
<i>diflorasone diacetate</i> .05%	2	
DIFLORASONE DIACETATE .05%	2	
DIPROLENE	4	
DIPROLENE AF	4	
ELOCON	4	
FLUOCINOLONE ACETONIDE	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> (generic of CUTIVATE)	2	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	2	
HALOG	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) 1%	1	
<i>hydrocortisone (topical)</i> 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> 2.5%	2	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	2	
<i>hydrocortisone valerate</i> (generic of WESTCORT)	2	
KENALOG	4	
LOCOID	4	
LOCOID LIPOCREAM	4	
LUXIQ	4	
<i>mometasone furoate</i> (generic of ELOCON)	2	
OLUX-E	4	
PANDEL	4	
<i>prednicarbate</i> (generic of DERMATOP)	2	
PROCTOCORT	4	
TACLONEX	4	
TACLONEX SCALP	4	
TEMOVATE	4	
TOPICORT	4	
TOPICORT LP	4	
TRIAMCINOLONE ACETONIDE	1	
<i>triamcinolone acetonide</i> (topical) .025%, .1%, .5%	1	
<i>triamcinolone acetonide</i> (topical) .025%, .1%	2	
TRIAMCINOLONE ACETONIDE I	4	
ULTRAVATE	4	
<i>urea-hc acetate</i> (generic of CARMOL-HC)	2	
VANOS	4	
VERDESO	4	
WESTCORT	4	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	3	PA
PROTOPIC	3	PA
DERMATOLOGY, LOCAL ANESTHETICS		
EMLA	4	
<i>lidocaine</i>	2	
<i>lidocaine hcl</i> (generic of XYLOCAINE JELLY)	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine-prilocaine</i> (generic of EMLA)	2	
LIDODERM	3	PA
SYNERA	4	
XYLOCAINE 4%	4	
XYLOCAINE JELLY	4	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALDARA	4	
<i>ammonium lactate</i> (generic of LAC-HYDRIN)	2	
CONDYLOX	4	
<i>imiquimod</i> (generic of ALDARA)	2	
LAC-HYDRIN	4	
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	2	
OXSORALEN	4	
PANRETIN	5	NM
PENNSAID	3	
<i>podofilox</i> (generic of CONDYLOX)	2	
TARGRETIN 1%	5	NM
VOLTAREN 1%	3	
ZYCLARA	3	
DERMATOLOGY, ROSACEA		
FINACEA	4	
METROCREAM	4	
METROGEL	3	
METROLOTION	4	
<i>metronidazole (topical)</i> (generic of METROCREAM)	2	
NORITATE	4	
ORACEA	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i> (generic of OVIDE)	2	
OVIDE	4	
<i>permethrin</i>	1	
ULESFIA	4	
DERMATOLOGY, WOUND CARE AGENTS		
<i>neomycin/polymyxin b gu</i> (generic of NEOSPORIN GU IRRIGANT)	2	
REGRANEX	5	NM PA
SANTYL	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>sodium chloride (gu irrigant)</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)</i>	1	
EVOXAC	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	3	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetic acid (otic) (generic of VOSOL)</i>	2	
<i>acetic acid sol/hc (generic of VOSOL HC)</i>	2	
CIPRO HC	4	
CIPRODEX	4	
COLY-MYCIN S	4	
CORTISPORIN	4	
CORTISPORIN-TC	4	
DERMOTIC	3	
<i>hydrocortisone w/acetic acid (generic of VOSOL HC)</i>	2	
<i>neomycin-polymyxin-hc (otic) (generic of CORTISPORIN)</i>	2	
<i>ofloxacin (otic)</i>	2	

Index

8		
8-MOP	.....35	
A		
ABELCET	.....5	
ABILIFY	.....16	
ABILIFY DISCMELT	.....16	
ABRAXANE	.....8	
ABSTRAL	.....1	
ACANYA	.....34	
acarbose	.....19	
ACCOLATE	.....33	
see <i>zafirlukast</i>	.....33	
ACCUNEB	.....32	
ACCUPRIL	.....9	
see <i>quinapril hcl</i>	.....9	
ACCURETIC	.....9	
see		
<i>quinapril-hydrochlorothiazide</i>	.....9	
acebutolol hcl	.....11	
ACEON	.....9	
see <i>perindopril erbumine</i>	.....9	
acetaminophen w/ codeine	.....1	
acetaminophen-caff-dihydrocod	.....1	
acetazolamide	.....12	
acetazolamide sodium	.....12	
acetic acid (otic)	.....37	
acetic acid sol/hc	.....37	
acetylcysteine	.....33	
ACIPHEX	.....26	
ACLOVATE	.....35	
see <i>alclometasone dipropionate</i>	.....35	
ACTEMRA	.....27	
ACTHIB	.....28	
ACTIGALL	.....25	
ACTIMMUNE	.....28	
ACTIQ	.....1	
see <i>fentanyl citrate</i>	.....1, 2	
ACTIVELLA	.....22	
see <i>estradiol & norethindrone acetate</i>	.....22	
ACTONEL	.....21	
ACTOPLUS MET	.....19	
ACTOPLUS MET XR	.....19	
ACTOS	.....19, 20	
ACULAR	.....31	
ACULAR LS	.....31	
see <i>ketorolac tromethamine (ophth)</i>	.....31	
ACUVAIL	.....31	
acyclovir	.....6	
acyclovir sodium	.....6	
ADACEL	.....28	
ADAGEN	.....22	
ADALAT CC	.....12	
see <i>nifedipine er</i>	.....12	
adapalene	.....34	
ADCIRCA	.....13	
ADDERALL		
see		
<i>amphetamine-dextroamphetamine</i>	.....17	
ADDERALL XR	.....17	
ADOXA	.....3	
ADOXA PAK 1/100	.....3	
ADOXA PAK 1/150	.....3	
see <i>doxycycline (monohydrate)</i>	.....4	
ADOXA PAK 1/75	.....3	
ADOXA PAK 2/100	.....3	
ADVAIR DISKUS	.....34	
ADVAIR HFA	.....34	
ADVICOR	.....11	
AFINITOR	.....8	
AGGRENOLX	.....27	
AGRYLIN	.....27	
see <i>anagrelide hcl</i>	.....27	
AKNE-MYCIN	.....34	
ALA SCALP	.....35	
ALAMAST	.....31	
ALBENZA	.....6	
albuterol sulfate	.....32	
ALCAINE	.....32	
see <i>proparacaine hcl</i>	.....32	
alclometasone dipropionate	.....35	
ALCOHOL PREPS	.....19	
ALDACTAZIDE	.....12	
see <i>spironolactone & hydrochlorothiazide</i>	.....13	
ALDACTONE	.....10	
see <i>spironolactone</i>	.....10	
ALDARA	.....36	
see <i>imiquimod</i>	.....36	
ALDURAZYME	.....22	
alendronate sodium	.....21	
ALIMTA	.....7	
ALINIA	.....6	
ALKERAN	.....7	
see <i>melfalan hcl</i>	.....7	
allopurinol	.....1	
allopurinol sodium	.....1	
ALOCRIAL	.....31	
ALOMIDE	.....31	
ALOPRIM	.....1	
see <i>allopurinol sodium</i>	.....1	
ALORA	.....22	
ALOXI	.....24	
ALPHAGAN P	.....31	
ALREX	.....31	
ALTABAX	.....34	
ALTACE	.....9	
see <i>ramipril</i>	.....9	
ALTOPREV	.....10	
ALVESCO	.....33	
<i>amantadine hcl</i>	.....16	
AMANTADINE HCL	.....16	
AMARYL	.....20	
see <i>glimepiride</i>	.....20	
AMBIEN	.....17	
see <i>zolpidem tartrate ir</i>	.....17	
AMBIEN CR	.....17	
see <i>zolpidem tartrate</i>	.....17	
AMBISOME	.....5	
amcinonide	.....35	
AMCINONIDE	.....35	
AMERGE	.....17	
see <i>naratriptan hcl</i>	.....17	
AMEVIVE	.....35	
amifostine crystalline	.....9	
amikacin sulfate	.....3	
amiloride & hydrochlorothiazide	.....12	
amiloride hcl	.....12	
amino acid electrolyte infusion	.....29	
amino acid infusion	.....29	
aminophylline	.....34	
AMINOPHYLLINE	.....34	
AMINOSYN	.....29	
AMINOSYN II	.....29	
see <i>amino acid infusion</i>	.....29	
AMINOSYN II 3.5%/DEXTROSE	.....29	

AMINOSYN II 3.5/DEXTROSE	29	ANDROGEL PUMP	19	ASTELIN.....	32
AMINOSYN II 4.25/DEXTROSE	29	ANDROXY	19	<i>see azelastine hcl</i>	32
AMINOSYN II 5/DEXTROSE 25.....	29	ANEXSIA <i>see</i> <i>hydrocodone-acetaminoph</i> <i>en</i>	1	ASTEPRO	32
AMINOSYN II M 3.5%/DEXTRO	29	ANTABUSE	18	ATACAND	10
AMINOSYN M.....	29	ANTARA	11	ATACAND HCT	10
AMINOSYN-HBC	29	ANTIVERT	24	ATELVIA.....	21
AMINOSYN-PF	29	<i>see meclizine hcl</i>	24	<i>atenolol</i>	11
AMINOSYN-PF 7%	29	ANUSOL-HC.....	35	<i>atenolol & chlorthalidone</i> ..	11
<i>amiodarone hcl</i>	10	<i>see hydrocortisone (rectal)</i>	35	ATGAM.....	28
AMITIZA.....	25	APIDRA	19	ATRALIN	34
<i>amitriptyline hcl</i>	15	APIDRA SOLOSTAR.....	19	ATRIPLA.....	5
<i>amlodipine besylate</i>	12	APLENZIN	15	<i>atropine sulfate</i>	25
<i>amlodipine</i> <i>besylate-benazepril hcl</i>	9	APOKYN.....	16	ATROPINE SULFATE	25
AMMONIUM CHLORIDE ..	29	APRISO	25	ATROVENT	32
<i>ammonium lactate</i>	36	APTIVUS	5	<i>see ipratropium bromide</i> (<i>nasal</i>)	32
AMOXAPINE.....	15	ARALAST NP	33	ATROVENT HFA.....	32
<i>amoxicillin</i>	3	ARALEN	5	AUGMENTIN <i>see amoxicillin & pot</i> <i>clavulanate</i>	3
AMOXICILLIN	3	ARANESP ALBUMIN FREE	27	AVALIDE	10
<i>amoxicillin & pot clavulanate</i>	3	ARAVA.....	27	AVAPRO.....	10
<i>amphetamine-dextroamphet</i> <i>amine</i>	17	<i>see leflunomide</i>	28	AVASTIN	8
AMPHOTEC.....	5	ARCALYST	28	AVELOX	3
AMPHOTERICIN B	5	ARELIA	21	AVELOX ABC PACK	3
<i>ampicillin</i>	3	ARICEPT	14	AVINZA.....	1
AMPICILLIN	3	<i>see donepezil</i> <i>hydrochloride</i>	14	AVODART	26
<i>ampicillin & sulbactam</i> <i>sodium</i>	3	ARICEPT ODT.....	14	AVONEX.....	18
<i>ampicillin sodium</i>	3	ARIMIDEX	8	AXERT.....	17
AMPICILLIN SODIUM.....	3	<i>see anastrozole</i>	8	AXID	25
AMPYRA.....	18	ARIXTRA	27	<i>see nizatidine</i>	25
AMRIX	18	AROMASIN.....	8	AXIRON.....	19
<i>see cyclobenzaprine hcl</i>	18	<i>see exemestane</i>	8	AYGESTIN	24
AMTURNIDE.....	12	ARRANON.....	7	<i>see norethindrone acetate</i>	24
ANADROL-50	19	ARTHROTEC 50	1	AZACTAM	6
ANAFRANIL.....	15	ARTHROTEC 75	1	<i>see aztreonam</i>	6
<i>see clomipramine hcl</i>	15	ARZERRA.....	8	AZASAN	28
<i>anagrelide hcl</i>	27	ASACOL	25	AZASITE.....	30
ANAPROX	2	ASACOL HD.....	25	<i>azathioprine</i>	28
<i>see naproxen sodium</i>	3	ASMANEX 120 METERED DOSES	33	AZATHIOPRINE SODIUM	28
ANAPROX DS	2	ASMANEX 14 METERED DOSES	33	<i>azelastine hcl</i>	32
<i>anastrozole</i>	8	ASMANEX 30 METERED DOSES	33	<i>azelastine hcl (ophth)</i>	31
ANCOBON.....	5	ASMANEX 60 METERED DOSES	33	AZELEX.....	34
ANDRODERM	19			AZILECT	16
ANDROGEL.....	19			<i>azithromycin</i>	3

see <i>sulfasalazine</i>	25	<i>betamethasone valerate</i> ...	35	BUSULFEX.....	7
AZULFIDINE EN-TABS ...	25	BETAPACE.....	10	<i>butalbital-acetaminophen-caf</i>	
B		see <i>sotalol hcl</i>	10	<i>feine w/ codeine</i>	1
BACITRACIN	30	BETAPACE AF	10	<i>butalbital-aspirin-caffeine</i>	
<i>bacitracin-polymyxin b</i>		BETASERON.....	18	<i>w/cod</i>	1
(<i>ophth</i>)	30	<i>betaxolol hcl</i>	11	<i>butorphanol tartrate</i>	1
<i>baclofen</i>	18	BETAXOLOL HCL	31	BYETTA.....	19
BACTOCILL IN DEXTROSE		<i>bethanechol chloride</i>	26	BYSTOLIC.....	11
.....	3	BETIMOL	31	C	
BACTRIM.....	6	BETOPTIC-S	31	<i>cabergoline</i>	23
see		BEYAZ.....	21	CADUET	12
<i>sulfamethoxazole-trimetho</i>		BIAXIN	3	CAFERGOT.....	17
<i>prim</i>	7	see <i>clarithromycin</i>	4	see <i>ergotamine w/ caffeine</i>	
BACTRIM DS	6	BIAXIN XL.....	3	.....	17
BACTROBAN.....	34	BIAXIN XL PAC	3	CALAN.....	12
see <i>mupirocin</i>	34	<i>bicalutamide</i>	8	see <i>verapamil hcl</i>	12
BACTROBAN NASAL.....	34	BICILLIN C-R.....	3	CALAN SR.....	12
<i>balsalazide disodium</i>	25	BICILLIN L-A.....	3	CALCIJEX	30
BANZEL	13	BICNU.....	7	<i>calcipotriene</i>	35
BARACLUDE	6	BIDIL.....	13	CALCIPOTRIENE.....	35
BECONASE AQ.....	33	BILTRICIDE	6	<i>calcitonin (salmon)</i>	21
BENADRYL		<i>bisoprolol &</i>		<i>calcitriol</i>	30
see <i>diphenhydramine hcl</i>		<i>hydrochlorothiazide</i>	11	<i>calcium acetate (phosphate</i>	
.....	32	<i>bisoprolol fumarate</i>	11	<i>binder)</i>	24
<i>benazepril &</i>		<i>bleomycin sulfate</i>	7	CAMPATH	8
<i>hydrochlorothiazide</i>	9	BLEPH-10.....	30	CAMPRAL	19
<i>benazepril hcl</i>	9	see <i>sulfacetamide sodium</i>		CAMPTOSAR.....	9
BENICAR.....	10	(<i>ophth</i>).....	30	see <i>irinotecan hcl</i>	8
BENICAR HCT.....	10	BLEPHAMIDE.....	30	CANASA.....	25
BENTYL.....	25	BLEPHAMIDE S.O.P.	30	CANCIDAS	5
see <i>dicyclomine hcl</i>	25	BONIVA.....	21	CANTIL.....	25
BENZACLIN		BOOSTRIX	28	CAPASTAT SULFATE.....	6
see <i>clindamycin</i>		BOTOX	32	CAPEX	35
<i>phosphate-benzoyl</i>		BREVICON-28.....	21	CAPITAL/CODEINE	1
<i>peroxide</i>	34	see <i>norethindrone & eth</i>		<i>captopril</i>	9
BENZACLIN WITH PUMP	34	<i>estradiol</i>	21	<i>captopril &</i>	
BENZAMYCIN	34	<i>brimonidine tartrate</i>	31	<i>hydrochlorothiazide</i>	9
see <i>benzoyl</i>		BROMDAY.....	31	CARAC	34
<i>peroxide-erythromycin</i> ...	34	BROMFENAC.....	31	CARAFATE	25
<i>benzoyl</i>		<i>bromocriptine mesylate</i>	16	see <i>sucralfate</i>	26
<i>peroxide-erythromycin</i>	34	BROVANA	32	<i>carbamazepine</i>	13
<i>benztropine mesylate</i>	16	<i>budesonide (inhalation)</i>	33	CARBATROL.....	13
BEPREVE	31	<i>bumetanide</i>	12	<i>carbidopa-levodopa</i>	16
BESIVANCE	30	BUPHENYL	22	<i>carbinoxamine maleate</i>	32
BETAGAN.....	31	<i>buprenorphine hcl</i>	19	<i>carboplatin</i>	9
see <i>levobunolol hcl</i>	31	<i>bupropion hcl</i>	15	CARDIZEM.....	12
<i>betamethasone dipropionate</i>		<i>bupropion hcl (smoking</i>		see <i>diltiazem hcl</i>	12
<i>(topical)</i>	35	<i>deterrent)</i>	19	CARDIZEM CD.....	12
<i>betamethasone dipropionate</i>		<i>buspirone hcl</i>	13	see <i>diltiazem hcl coated</i>	
<i>augmented</i>	35	BUSPIRONE HCL	13	<i>beads</i>	12

CARDIZEM LA.....	12	CELESTONE	23	<i>ciprofloxacin hcl</i>	4
CARDURA	10	CELEXA.....	15	<i>ciprofloxacin hcl (ophth)</i>	30
see <i>doxazosin mesylate</i>	10	see <i>citalopram</i>		<i>ciprofloxacin-ciprofloxacin</i>	
CARDURA XL.....	26	<i>hydrobromide</i>	15	<i>hcl</i>	4
CARIMUNE		CELLCEPT	28	<i>cisplatin</i>	9
NANOFILTERED	28	see <i>mycophenolate mofetil</i>		<i>citalopram hydrobromide</i> ..	15
<i>carisoprodol</i>	18	.....	28	<i>cladribine</i>	9
<i>carisoprodol w/ aspirin</i>	18	CELLCEPT INTRAVENOUS		CLAFORAN	4
<i>carisoprodol w/ aspirin &</i>		.....	28	see <i>cefotaxime sodium</i> ...	3
<i>codeine</i>	18	CELONTIN.....	13	CLARINEX.....	32
CARMOL-HC	35	CENESTIN.....	22	CLARINEX REDITABS.....	32
see <i>urea-hc acetate</i>	36	<i>cephalexin</i>	4	CLARINEX-D 12 HOUR ...	32
CARNITOR	22	CEPHALEXIN	4	CLARINEX-D 24 HOUR ...	32
see <i>levocarnitine</i>		CEREDASE	22	<i>clarithromycin</i>	4
(<i>metabolic modifiers</i>)	22	CEREZYME.....	22	<i>clemastine fumarate</i>	32
<i>carteolol hcl (ophth)</i>	31	CERUBIDINE.....	7	CLEOCIN.....	6, 27
<i>carvedilol</i>	11	see <i>daunorubicin hcl</i>	7	see <i>clindamycin hcl</i>	6
CASODEX	8	CERVARIX	28	see <i>clindamycin</i>	
see <i>bicalutamide</i>	8	CESAMET	24	<i>phosphate vaginal</i>	27
CATAFLAM.....	2	<i>cetirizine hcl</i>	32	CLEOCIN PEDIATRIC	
see <i>diclofenac potassium</i>	2	CHANTIX.....	19	GRANULE	6
CATAPRES.....	10	CHEMET.....	21	CLEOCIN PHOSPHATE....	6
see <i>clonidine hcl</i>	10	<i>chlorhexidine gluconate</i>		see <i>clindamycin</i>	
CATAPRES-TTS-1	10	(<i>mouth-throat</i>)	37	<i>phosphate</i>	6
see <i>clonidine hcl</i>	10	<i>chloroquine phosphate</i>	5	CLEOCIN-T	34
CATAPRES-TTS-2	10	<i>chlorothiazide</i>	12	see <i>clindamycin</i>	
CATAPRES-TTS-3	10	<i>chlorpromazine hcl</i>	16	<i>phosphate (topical)</i>	34
CAYSTON.....	33	CHLORPROMAZINE HCL	16	CLIMARA.....	22
CEDAX	3	<i>chlorthalidone</i>	12	see <i>estradiol</i>	22
CEENU	7	<i>chlorzoxazone</i>	18	CLIMARA PRO	22
<i>cefaclor</i>	3	<i>cholestyramine light</i>	11	CLINDAGEL	34
CEFACTOR ER	3	<i>chorionic gonadotropin</i>	23	<i>clindamycin hcl</i>	6
<i>cefadroxil</i>	3	<i>ciclopirox 0.77% crm, gel,</i>		<i>clindamycin phosphate</i>	6
<i>cefazolin sodium</i>	3	<i>susp</i>	34	<i>clindamycin phosphate</i>	
CEFAZOLIN SODIUM	3	<i>ciclopirox shampoo 1%</i>	34	(<i>topical</i>).....	34
<i>cefdinir</i>	3	<i>cilostazol</i>	27	<i>clindamycin phosphate</i>	
<i>cefepime hcl</i>	3	CILOXAN	30	<i>vaginal</i>	27
<i>cefotaxime sodium</i>	3	see <i>ciprofloxacin hcl</i>		<i>clindamycin</i>	
CEFOTETAN	3	(<i>ophth</i>).....	30	<i>phosphate-benzoyl peroxide</i>	
<i>cefoxitin sodium</i>	3	<i>cimetidine</i>	25	.....	34
CEFOXITIN SODIUM	3	<i>cimetidine hcl</i>	25	CLINDESSE	27
<i>cefpodoxime proxetil</i>	3	CIMZIA.....	25	CLINIMIX	
<i>cefprozil</i>	4	CIPRO	4	2.75%/DEXTROSE 5.....	29
<i>ceftazidime</i>	4	see <i>ciprofloxacin hcl</i>	4	CLINIMIX	
CEFTIN.....	4	CIPRO HC	37	4.25%/DEXTROSE 1.....	29
see <i>cefuroxime axetil</i>	4	CIPRO I.V.		CLINIMIX	
<i>ceftriaxone sodium</i>	4	see <i>ciprofloxacin</i>	4	4.25%/DEXTROSE 2.....	29
<i>cefuroxime axetil</i>	4	CIPRO I.V.-IN D5W	4	CLINIMIX	
<i>cefuroxime sodium</i>	4	CIPRODEX.....	37	4.25%/DEXTROSE 5.....	29
CELEBREX.....	2	<i>ciprofloxacin</i>	4	CLINIMIX 5%/DEXTROSE	

15%.....29	see <i>peg 3350-kcl-sod</i>	CRESTOR..... 11
CLINIMIX 5%/DEXTROSE	<i>bicarb-sod chloride-sod</i>	CRINONE.....24
20%.....29	<i>sulfate</i>.....25	CRIXIVAN.....5
CLINIMIX 5%/DEXTROSE	COMBIGAN.....31	<i>cromolyn sodium</i>.....33
25%.....29	COMBIPATCH.....22	<i>cromolyn sodium (ophth)</i> ..31
CLINIMIX E	COMBIVENT.....32	CUBICIN.....6
2.75%/DEXTROSE.....29	COMBIVIR.....5	CUTIVATE.....35
CLINIMIX E	COMTAN.....16	see <i>fluticasone propionate</i>
4.25%/DEXTROSE.....29	COMVAX.....28	.....35
CLINIMIX E 5%/DEXTROSE	CONCERTA.....17	CYCLESSA.....21
15.....29	CONDYLOX.....36	see <i>desogestrel-ethinyl</i>
CLINIMIX E 5%/DEXTROSE	see <i>podofilox</i>.....36	<i>estradiol (triphasic)</i>.....21
20.....29	COPAXONE.....18	<i>cyclobenzaprine hcl</i>.....18
CLINIMIX E 5%/DEXTROSE	COPEGUS.....6	CYCLOPHOSPHAMIDE.....7
25.....29	see <i>ribavirin 200mg</i>.....6	<i>cyclosporine</i>.....28
CLINORIL.....2	CORDARONE.....10	CYCLOSPORINE
<i>clobetasol propionate</i>.....35	see <i>amiodarone hcl</i>.....10	MODIFIED.....28
<i>clobetasol propionate</i>	CORDRAN.....35	<i>cyclosporine modified (for</i>
<i>emollient base</i>.....35	CORDRAN SP.....35	<i>microemulsion)</i>.....28
CLOBEX.....35	CORDRAN TAPE.....35	CYKLOKAPRON.....27
CLODERM.....35	COREG.....11	CYMBALTA.....15
CLOLAR.....7	see <i>carvedilol</i>.....11	<i>cyproheptadine hcl</i>.....32
<i>clomipramine hcl</i>.....15	COREG CR.....11	CYSTADANE.....22
<i>clonidine hcl</i>.....10	CORGARD.....11	CYSTAGON.....22
CLORPRES.....13	see <i>nadolol</i>.....11	<i>cytarabine</i>.....7
<i>clotrimazole</i>.....5	CORTEF.....23	CYTARABINE.....7
<i>clotrimazole (topical)</i>.....34	see <i>hydrocortisone</i>.....23	CYTOMEL.....24
<i>clozapine</i>.....16	CORTENEMA.....25	CYTOTEC.....25
CLOZARIL.....16	see <i>hydrocortisone</i>	see <i>misoprostol</i>.....26
see <i>clozapine</i>.....16	(<i>intrarectal</i>).....25	CYTOVENE.....6
COARTEM.....5	CORTIFOAM.....35	see <i>ganciclovir sodium</i>....6
CODEINE SULFATE.....1	CORTISONE ACETATE...23	D
COGENTIN.....16	CORTISPORIN.....34, 37	D.H.E. 45.....17
see <i>benztropine mesylate</i>	see	see <i>dihydroergotamine</i>
.....16	<i>neomycin-polymyxin-hc</i>	<i>mesylate</i>.....17
COLAZAL.....25	(<i>otic</i>).....37	<i>dacarbazine</i>.....7
see <i>balsalazide disodium</i>	CORTISPORIN-TC.....37	DACOGEN.....7
.....25	CORZIDE.....11	<i>danazol</i>.....22
<i>colchicine w/ probenecid</i>....1	see <i>nadolol &</i>	DANTRIUM.....18
COLCRYS.....1	<i>bendroflumethiazide</i>.....11	see <i>dantrolene sodium</i> ..18
COLESTID.....11	COSMEGEN.....7	<i>dantrolene sodium</i>.....18
see <i>colestipol hcl</i>.....11	COSOPT.....31	DAPSONE.....7
<i>colestipol hcl</i>.....11	see <i>dorzolamide</i>	DAPTACEL.....28
<i>colistimethate sodium</i>.....6	<i>hcl-timolol maleate</i>.....31	DARAPRIM.....5
COLY-MYCIN M.....6	COUMADIN.....27	<i>daunorubicin hcl</i>.....7
see <i>colistimethate sodium</i>	see <i>warfarin sodium</i>.....27	DAUNOXOME.....7
.....6	COVERA-HS.....12	DAYPRO.....2
COLY-MYCIN S.....37	COZAAR.....10	see <i>oxaprozin</i>.....3
COLYTE-FLAVOR PACKS	see <i>losartan potassium</i> .10	DAYTRANA.....17
.....25	CREON.....26	DDAVP.....24

see <i>desmopressin acetate</i>	<i>estradiol</i>.....21	DIBENZYLINE 13
.....24	<i>desogestrel & ethinyl</i>	<i>diclofenac potassium</i> .....2
see <i>desmopressin acetate</i>	<i>estradiol</i> .....21	<i>diclofenac sodium</i> .....2
<i>refrigerated</i> .....24	<i>desogestrel-ethinyl estradiol</i>	<i>diclofenac sodium (ophth)</i> .31
DECAVAC.....28	<i>(biphasic)</i> .....21	DICLOFENAC SODIUM EC2
DELATESTRYL	<i>desogestrel-ethinyl estradiol</i>	<i>dicloxacin sodium</i> .....4
see <i>testosterone</i>	<i>(triphasic)</i> .....21	<i>dicyclomine hcl</i> .....25
<i>enantate</i> .....19	DESONATE .....35	<i>didanosine</i> .....5
DELESTROGEN.....22	<i>desonide</i> .....35	DIFFERIN .....34
see <i>estradiol valerate</i> ....22	DESOWEN .....35	see <i>adapalene</i>.....34
DEMADEX .....12	see <i>desonide</i> .....35	<i>diflorasone diacetate</i>.....35
see <i>torseamide</i> .....13	DESOWEN	DIFLORASONE
<i>demeclocycline hcl</i>.....4	LOTION/CETAPHIL C .....35	DIACETATE .....35
DEMSEK.....13	DESOWEN	DIFLUCAN.....5
DENAVIR.....35	OINTMENT/CETAPHIL.....35	see <i>fluconazole</i> .....5
DEPACON .....13	<i>desoximetasone</i>.....35	DIFLUCAN IN NACL.....5
see <i>valproate sodium</i> ....14	DETROL .....26	DIFLUNISAL .....2
DEPAKENE .....13	DETROL LA.....26	<i>digoxin</i> .....12
see <i>valproic acid</i>.....14	<i>dexamethasone</i> .....23	DIGOXIN .....12
DEPAKOTE .....13	DEXAMETHASONE .....23	<i>dihydroergotamine mesylate</i>
see <i>divalproex sodium</i> ...14	DEXAMETHASONE	.....17
DEPAKOTE ER .....13	INTENSOL.....23	DILACOR XR.....12
DEPAKOTE SPRINKLES .13	<i>dexamethasone sodium</i>	DILANTIN .....13
DEPO-ESTRADIOL .....22	<i>phosphate</i> .....23	see <i>phenytoin</i>.....14
DEPO-MEDROL .....23	<i>dexamethasone sodium</i>	see <i>phenytoin sodium</i>
see <i>methylprednisolone</i>	<i>phosphate (ophth)</i>.....31	<i>extended</i> .....14
<i>acetate</i>.....23	DEXCHLORPHENIRAMINE	DILANTIN INFATABS.....13
DEPO-PROVERA .....8	MALEA.....32	DILATRATE SR.....13
DEPO-PROVERA	DEXEDRINE.....17	DILAUDID .....1
CONTRACEPTIV.....21	see <i>dextroamphetamine</i>	see <i>hydromorphone hcl</i> ...2
see <i>medroxyprogesterone</i>	<i>sulfate</i>.....17	DILAUDID-5.....1
<i>acetate (contraceptive)</i> ..21	DEXILANT .....26	DILAUDID-HP.....1
DEPO-SUBQ PROVERA	DEXPAK 13 DAY .....23	see <i>hydromorphone hcl</i> ...2
104.....21	<i>dexrazoxane</i> .....9	<i>diltiazem hcl</i>.....12
DEPO-TESTOSTERONE .19	<i>dextroamphetamine sulfate</i>	DILTIAZEM HCL.....12
see <i>testosterone cypionate</i>	.....17	<i>diltiazem hcl coated beads</i> 12
.....19	DEXTROAMPHETAMINE	<i>diltiazem hcl extended</i>
DERMA-SMOOTH/FS	SULFATE.....17	<i>release beads</i> .....12
BODY OIL.....35	<i>dextrose</i> .....29	DIOVAN.....10
DERMATOP.....35	DEXTROSE 10%/NACL	DIOVAN HCT .....10
see <i>prednicarbate</i>.....36	0.45%.....29	DIPENTUM.....25
DERMOTIC.....37	DEXTROSE 5% .....29	<i>diphenhydramine hcl</i>.....32
<i>desipramine hcl</i>.....15	DEXTROSE 5%/NACL	<i>diphenoxylate w/ atropine</i> .26
<i>desmopressin acetate</i> .....24	0.225%.....29	DIPHENOXYLATE/ATROPI
<i>desmopressin acetate</i>	DEXTROSE	NE.....26
<i>refrigerated</i>.....24	5%/POTASSIUM CHL .....29	DIPHThERIA/TETANUS
<i>desmopressin acetate spray</i>	<i>dextrose w/ sodium chloride</i>	TOXOID .....28
<i>refrigerated</i>.....24	.....29	DIPROLENE.....35
DESOGEN .....21	DIABETA .....20	see <i>betamethasone</i>
see <i>desogestrel & ethinyl</i>	DIAMOX.....12	<i>dipropionate augmented</i> 35

DIPROLENE AF.....35	EC-NAPROSYN .....3	ENTOCORT EC.....25
<i>dipyridamole</i>.....27	<i>econazole nitrate</i> .....34	EPIDUO .....34
<i>disopyramide phosphate</i> ...10	EDARBI .....10	<i>epinastine hcl (ophth)</i> .....31
DITROPAN XL.....26	EDECIN.....13	<i>epinephrine hcl</i> .....33
see <i>oxybutynin chloride</i> .26	EDLUAR .....17	EIPEN 2-PAK .....33
DIURIL .....12	EDURANT .....5	EIPEN-JR 2-PAK.....33
DIURIL IV.....12	EFFEXOR XR.....15	<i>epirubicin hcl</i>.....7
<i>divalproex sodium</i> .....14	EFFIENT .....27	EPIVIR.....5
DIVIGEL.....22	EFUDEX .....34	EPIVIR HBV .....6
DOLOPHINE.....1	ELAPRASE.....22	<i>eplerenone</i>.....10
see <i>methadone hcl</i> .....2	ELDEPRYL .....16	EPOGEN .....27
DOLOPHINE HCL.....1	see <i>selegiline hcl</i> .....16	EPZICOM .....5
<i>donepezil hydrochloride</i> ...14	<i>electrolyte-m in dextrose</i> ...29	EQUETRO .....18
DORIBAX.....7	<i>electrolyte-r</i> .....29	ERAXIS .....5
DORYX .....4	<i>electrolyte-r in dextrose</i>....29	ERBITUX .....8
<i>dorzolamide hcl</i>.....31	ELESTAT .....31	ERGOMAR .....17
<i>dorzolamide hcl-timolol</i>	see <i>epinastine hcl (ophth)</i>	<i>ergotamine w/ caffeine</i>.....17
<i>maleate</i> .....31	.....31	ERTACZO .....34
DOVONEX.....35	ELESTRIN .....22	ERYPED 200 .....4
see <i>calcipotriene</i> .....35	ELIDEL .....36	ERYPED 400 .....4
DOVONEX SCALP .....35	ELIGARD .....8	ERY-TAB .....4
<i>doxazosin mesylate</i> .....10	ELIPHOS .....24	ERYTHROCIN
<i>doxepin hcl</i>.....15	ELITEK .....9	LACTOBIONATE .....4
DOXEPIN HCL.....15	ELIXOPHYLLIN .....34	ERYTHROCIN STEARATE 4
DOXIL .....7	ELLECE .....7	<i>erythromycin (acne aid)</i> ....34
<i>doxorubicin hcl</i> .....7	see <i>epirubicin hcl</i> .....7	<i>erythromycin (ophth)</i>.....30
<i>doxycycline (monohydrate)</i> .4	ELMIRON .....26	ERYTHROMYCIN BASE ....4
<i>doxycycline hyclate</i> .....4	ELOCON.....35	<i>erythromycin ethylsuccinate</i> 4
DOXYCYCLINE HYCLATE.4	see <i>mometasone furoate</i>	<i>erythromycin-sulfisoxazole</i> .7
<i>dronabinol</i> .....24	.....36	ESTRACE.....22
<i>drospirenone-ethinyl</i>	ELOXATIN .....9	see <i>estradiol</i>.....22
<i>estradiol</i> .....21	see <i>oxaliplatin</i> .....9	ESTRADERM .....22
DROXIA .....8	ELSPAR.....8	<i>estradiol</i> .....22
DUETACT .....20	EMADINE .....31	<i>estradiol & norethindrone</i>
DULERA .....34	EMBEDA.....1	<i>acetate</i>.....22
DUONEB.....32	EMCYT .....7	<i>estradiol valerate</i> .....22
see <i>ipratropium-albuterol</i>	EMEND .....24	ESTRING.....22
.....32	EMLA.....36	<i>estropipate</i> .....22
DURAGESIC.....1	see <i>lidocaine-prilocaine</i> .36	ESTROSTEP FE .....21
see <i>fentanyl</i>.....1	EMSAM.....15	see <i>norethindrone</i>
DUREZOL.....31	EMTRIVA.....5	<i>acetate-ethinyl estradiol-fe</i>
DYAZIDE .....12	ENABLEX .....26	.....21
see <i>tiامتerene &</i>	<i>enalapril maleate</i> .....9	<i>ethambutol hcl</i> .....6
<i>hydrochlorothiazide</i> .....13	<i>enalapril maleate &</i>	<i>ethosuximide</i> .....14
DYNACIN.....4	<i>hydrochlorothiazide</i>.....9	<i>ethynodiol diacet & eth</i>
see <i>minocycline hcl</i> .....4	ENBREL .....27	<i>estrad</i>.....21
DYNACIRC CR.....12	ENDOMETRIN.....24	ETHYOL .....9
DYRENIUM.....12	ENGERIX-B .....28	see <i>amifostine crystalline</i> 9
E	ENJUVIA.....22	<i>etodolac</i> .....3
	<i>enoxaparin sodium</i> .....27	ETOPOPHOS .....9
E.E.S. GRANULES .....4		

<i>etoposide</i>	9	FEXMID	18	<i>fluphenazine hcl</i>	16
EURAX	36	<i>fexofenadine hcl</i>	32	FLUPHENAZINE HCL	16
EVAMIST	22	FINACEA	36	<i>flurbiprofen</i>	3
EVISTA	24	<i>finasteride</i>	26	<i>flurbiprofen sodium</i>	31
EVOCLIN	34	FIORICET/CODEINE.....	1	<i>flutamide</i>	8
EVOXAC	37	<i>see</i>		<i>fluticasone propionate</i>	35
EXALGO	1	<i>butalbital-acetaminophen-</i>		<i>fluticasone propionate</i>	
EXELDERM	34	<i>caffeine w/ codeine</i>	1	(<i>nasal</i>).....	33
EXELON	15	FIORINAL/CODEINE #3.....	1	<i>fluvoxamine maleate</i>	13
<i>see rivastigmine tartrate</i>	15	<i>see</i>		<i>fluvoxamine tab 100mg</i>	13
<i>exemestane</i>	8	<i>butalbital-aspirin-caffeine</i>		FML	31
EXFORGE	10	<i>w/cod</i>	1	FML FORTE	31
EXFORGE HCT	10	FIRMAGON	8	FML LIQUIFILM	31
EXJADE	21	FLAGYL	7	<i>see fluorometholone</i>	
EXTAVIA.....	18	<i>see metronidazole</i>	7	(<i>ophth</i>).....	31
EXTINA	34	FLAGYL ER.....	7	FORADIL AEROLIZER.....	32
F		FLAREX.....	31	FORTAMET	20
FABRAZYME	22	<i>flecainide acetate</i>	10	FORTAZ	4
FACTIVE.....	4	FLEXERIL.....	18	<i>see ceftazidime</i>	4
<i>famciclovir</i>	6	<i>see cyclobenzaprine hcl</i>	18	FORTEO.....	23
<i>famotidine</i>	25	FLOMAX	26	FORTESTA	19
FAMOTIDINE PREMIXED	25	<i>see tamsulosin hcl</i>	26	FOSAMAX	21
FAMVIR	6	FLONASE	33	<i>see alendronate sodium</i>	21
<i>see famciclovir</i>	6	<i>see fluticasone propionate</i>		FOSAMAX PLUS D	21
FANAPT.....	16	(<i>nasal</i>)	33	FOSCARNET SODIUM	6
FANAPT TITRATION PACK		FLOVENT DISKUS	33	<i>fosinopril sodium</i>	9
.....	16	FLOVENT HFA	33	<i>fosinopril sodium &</i>	
FARESTON	8	<i>fluconazole</i>	5	<i>hydrochlorothiazide</i>	9
FASLODEX.....	8	<i>fluconazole in dextrose</i>	5	FOSRENOL.....	24
<i>fat emulsion</i>	29	FLUDARA	9	FRAGMIN	27
FAZACLO	16	<i>see fludarabine phosphate</i>		FREAMINE III 3%	29
FELBATOL.....	14	.....	9	FROVA	17
FELDENE	3	<i>fludarabine phosphate</i>	9	FURADANTIN.....	7
<i>see piroxicam</i>	3	<i>fludrocortisone acetate</i>	23	<i>see nitrofurantoin</i>	7
<i>felodipine</i>	12	FLUMADINE		<i>furosemide</i>	13
FEMARA	8	<i>see rimantadine</i>		FUROSEMIDE.....	13
<i>see letrozole</i>	8	<i>hydrochloride</i>	6	FUZEON.....	5
FEMHRT 1/5.....	22	<i>flunisolide (nasal)</i>	33	G	
<i>see norethindrone</i>		FLUOCINOLONE		<i>gabapentin</i>	14
<i>acetate-ethinyl estradiol</i> .	22	ACETONIDE.....	35	GABITRIL	14
FEMHRT LOW DOSE.....	22	<i>fluocinonide</i>	35	<i>galantamine hydrobromide</i>	15
FEMRING	22	<i>fluocinonide emulsified base</i>		GAMASTAN S/D.....	28
FEMTRACE	22	.....	35	GAMMAGARD LIQUID.....	28
<i>fenofibrate</i>	11	<i>fluorometholone (ophth)</i>	31	GAMMAPLEX.....	28
<i>fenofibrate micronized</i>	11	FLUOROPLEX.....	34	GAMUNEX	28
FENOGLIDE	11	<i>fluorouracil (topical)</i>	34	GANCICLOVIR.....	6
FENOPROFEN CALCIUM ..	3	<i>fluorouracil inj</i>	7	<i>ganciclovir sodium</i>	6
<i>fentanyl</i>	1	<i>fluoxetine hcl</i>	15	GARAMYCIN	
<i>fentanyl citrate</i>	1, 2	<i>fluoxetine hcl (pmd)</i>	19	<i>see gentamicin sulfate</i>	
FENTORA.....	2	<i>fluphenazine decanoate</i>	16	(<i>ophth</i>).....	30

GARDASIL.....	28	GRANISOL	24	HUMALOG MIX 75/25	19
GASTROCROM.....	26	GRIFULVIN V	5	HUMALOG MIX 75/25	
GAUZE PADS 2X2	19	<i>griseofulvin microsize</i>	5	KWIKPEN	19
GELNIQUE	26	GRIS-PEG	5	HUMATROPE.....	23
<i>gemcitabine hcl</i>	8	GUANABENZ ACETATE ..	10	HUMATROPE COMBO	
<i>gemfibrozil</i>	11	<i>guanfacine hcl</i>	10	PACK.....	23
GEMZAR.....	8	GUANIDINE HCL.....	18	HUMIRA	27
<i>see gemcitabine hcl</i>	8	GYNAZOLE-1	27	HUMIRA PEN-CROHNS	
GENOTROPIN.....	23	H		DISEASE	27
GENOTROPIN MINIQUICK				HUMULIN 70/30	19
.....	23	HALAVEN	8	HUMULIN 70/30 PEN	19
<i>gentamicin in saline</i>	4	HALDOL	16	HUMULIN N.....	19
<i>gentamicin sulfate</i>	4	HALDOL DECANOATE 100		HUMULIN N U-100 PEN...	19
<i>gentamicin sulfate (ophth)</i>	30	.....	16	HUMULIN R.....	19
<i>gentamicin sulfate (topical)</i>		<i>see haloperidol decanoate</i>		HUMULIN R U-500	
.....	34	.....	16	(CONCENTR	19
GENTAMICIN		HALDOL DECANOATE 50		HYCANTIN.....	9
SULFATE/0.9% S	4	.....	16	<i>see topotecan hcl</i>	9
GEODON	16	<i>halobetasol propionate</i>	35	HYCET	1
GILENYA	18	HALOG	35	<i>hydralazine hcl</i>	13
GLASSIA.....	33	<i>haloperidol</i>	16	HYDREA.....	8
GLEEVEC	8	<i>haloperidol decanoate</i>	16	<i>see hydroxyurea</i>	8
<i>glimepiride</i>	20	<i>haloperidol lactate</i>	16	<i>hydrochlorothiazide</i>	13
<i>glipizide</i>	20	HAVRIX	28	HYDROCHLOROTHIAZIDE	
<i>glipizide-metformin hcl</i>	20	HECTOROL.....	30	.....	13
GLUCAGEN HYPOKIT	23	HELIDAC	26	<i>hydrocodone-acetaminophen</i>	
GLUCAGON EMERGENCY		<i>heparin (porcine) in sodium</i>		.....	1
KIT	23	<i>chloride</i>	27	<i>hydrocodone-ibuprofen</i>	1
GLUCOPHAGE.....	20	<i>heparin sod (porcine) in d5w</i>		<i>hydrocortisone</i>	23
<i>see metformin hcl</i>	20	.....	27	<i>hydrocortisone (intrarectal)</i>	
GLUCOPHAGE XR.....	20	HEPARIN SODIUM.....	27	.....	25
<i>see metformin hcl</i>	20	<i>heparin sodium (porcine)</i> ..	27	<i>hydrocortisone (rectal)</i> 35, 36	
GLUCOTROL.....	20	HEPARIN SODIUM/NACL		<i>hydrocortisone (topical)</i>	36
<i>see glipizide</i>	20	0.45%.....	27	<i>hydrocortisone butyrate</i>	36
GLUCOTROL XL	20	HEPARIN		<i>hydrocortisone sod succinate</i>	
<i>see glipizide</i>	20	SODIUM/SODIUM CHL		.....	23
GLUCOVANCE.....	20	<i>see heparin (porcine) in</i>		<i>hydrocortisone valerate</i>	36
<i>see glyburide-metformin</i> 20		<i>sodium chloride</i>	27	<i>hydrocortisone w/acetic acid</i>	
GLUMETZA	20	HEPATASOL	29	.....	37
<i>glyburide</i>	20	HEPSERA.....	6	<i>hydromorphone hcl</i>	2
<i>glyburide micronized</i>	20	HERCEPTIN	8	<i>hydroxychloroquine sulfate</i>	
<i>glyburide-metformin</i>	20	HEXALEN	7	.....	27
<i>glycopyrrolate</i>	25	HIPREX	7	<i>hydroxyurea</i>	8
GLYCRON	20	<i>see methenamine</i>		<i>hydroxyzine hcl</i>	32
GLYNASE.....	20	<i>hippurate</i>	7	<i>hydroxyzine pamoate</i>	32
<i>see glyburide micronized</i>		HIZENTRA.....	28	HYZAAR	10
.....	20	HUMALOG.....	19	<i>see losartan potassium &</i>	
GLYSET.....	20	HUMALOG KWIKPEN	19	<i>hydrochlorothiazide</i>	10
GOLYTELY	25	HUMALOG MIX 50/50	19	I	
<i>granisetron hcl</i>	24	HUMALOG MIX 50/50		IBUDONE	
		KWIKPEN	19		

see	5%	29	KCL 0.15%/D5W/NAACL
<i>hydrocodone-ibuprofen</i> ...	IONOSOL-MB/DEXTROSE		0.225%
<i>ibuprofen</i>	5%	29	30
IDAMYCIN PFS	IONOSOL-T/DEXTROSE		KCL 0.15%/D5W/NAACL
see <i>idarubicin hcl</i>	5%	29	0.9%
<i>idarubicin hcl</i>	IPOL INACTIVATED IPV ..	28	see <i>potassium chloride in</i>
IFEX	<i>ipratropium bromide</i>	32	<i>dextrose & sodium</i>
see <i>ifosfamide</i>	<i>ipratropium bromide (nasal)</i>		<i>chloride</i>
<i>ifosfamide</i> .....	.....	32	30
IFOSFAMIDE/MESNA	<i>ipratropium-albuterol</i>	32	KCL 0.3%/D5W/LR IV LAC
<i>imipramine hcl</i>	IRESSA	8	RI
<i>imipramine pamoate</i>	<i>irinotecan hcl</i>	8	30
<i>imiquimod</i>	ISENTRESS	5	KCL 0.3%/D5W/NAACL 0.9%
IMITREX	ISOLYTE-H/DEXTROSE 5%		.....
see <i>sumatriptan succinate</i>	.....	29	30
.....	ISOLYTE-P/DEXTROSE 5%		KEFLEX
17	.....	29	4
IMITREX STATDOSE	ISOLYTE-S	29	see <i>cephalexin</i>
REFILL	ISOLYTE-S/DEXTROSE 5%		4
17	.....	29	KENALOG
IMO VAX RABIES (H.D.C.V.)	.....	29	36
.....	<i>isoniazid</i>	6	KEPIVANCE
28	ISONIAZID	6	9
IMURAN	<i>isoniazid & rifampin</i>	6	KEPPRA
28	ISOPTIN SR	12	see <i>levetiracetam</i>
see <i>azathioprine</i>	ISORDIL TITRADOSE	13	14
28	<i>isosorbide dinitrate</i>	13	KEPPRA XR
INCRELEX	<i>isosorbide mononitrate</i>	13	14
23	<i>isotretinoin</i>	34	KERLONE
INDAPAMIDE	<i>isradipine</i>	12	see <i>betaxolol hcl</i>
13	ISRADIPINE	12	11
INDERAL LA	ISTALOL	31	<i>ketoconazole</i>
11	ISTODAX	8	5
see <i>propranolol hcl</i>	<i>itraconazole</i>	5	<i>ketoconazole (topical)</i>
11	IXEMPRA KIT	8	35
INDOCIN	IXIARO	28	<i>ketoprofen</i>
3	J		3
<i>indomethacin</i>	JALYN	26	KETOPROFEN ER
3	JANUMET	20	3
INFANRIX	JANUVIA	20	<i>ketorolac tromethamine</i>
28	JE-VAX	28	<i>(ophth)</i>
INFERGEN	K		31
28	KADIAN	2	KINERET
INFUMORPH 200	KALETRA	5	27
2	KAYEXALATE	21	KLARON
INFUMORPH 500	see <i>sodium polystyrene</i>		see <i>sulfacetamide sodium</i>
2	<i>sulfonate</i>	21	<i>(acne)</i>
INNOHEP	KCL 0.15%/D10W/NAACL		34
27	0.2%	30	KLOR-CON M15
INSPIRA	KCL 0.15%/D5W/LR	30	29
10			KOMBIGLYZE XR
see <i>epiorenone</i>			20
10			KRISTALOSE
INSULIN PEN NEEDLES ..			25
19			K-TABS
INSULIN SAFETY			see <i>potassium chloride</i> ..
NEEDLES			29
19			KUVAN
INSULIN SYRINGES			22
19			L
INTELENCE			<i>labetalol hcl</i>
5			11
INTRALIPID			LAC-HYDRIN
29			36
see <i>fat emulsion</i>			see <i>ammonium lactate</i> ..
29			36
INTRON-A			see <i>lactic acid (ammonium</i>
28			<i>lactate)</i>
INTRON-A W/DILUENT ..			36
28			LACRISERT
INTUNIV			32
17			<i>lactated ringer's</i>
INVANZ			30
7			<i>lactic acid (ammonium</i>
INVEGA			<i>lactate)</i>
16			36
INVEGA SUSTENNA			<i>lactulose</i>
16			25
INVIRASE			<i>lactulose (encephalopathy)</i>
5			.....
IONOSOL-B/DEXTROSE			25

see <i>lamotrigine</i>	14	<i>levonorgestrel (emergency</i>	<i>estradiol</i>	21
LAMICTAL CHEWABLE		<i>oc)</i>	LOESTRIN FE 1/20	21
DISPERS	14	<i>levonorgestrel-eth estradiol</i>	LOFIBRA	11
LAMICTAL ODT	14	<i>(triphasic)</i>	see <i>fenofibrate</i>	11
LAMICTAL STARTER/NOT		<i>levonorgestrel-ethinyl</i>	see <i>fenofibrate micronized</i>	
TAKI	14	<i>estradiol (91-day)</i> .....	.....	11
LAMICTAL		LEVORPHANOL	LOMOTIL	26
STARTER/TAKING C	14	TARTRATE	see <i>diphenoxylate w/</i>	
LAMICTAL		<i>levothyroxine sodium</i>	<i>atropine</i>	26
STARTER/TAKING V	14	<i>levoxyl</i>	<i>loperamide hcl</i>	26
LAMICTAL XR	14	LEXAPRO	LOPID	11
LAMISIL	5	LEXIVA	see <i>gemfibrozil</i>	11
see <i>terbinafine hcl</i>	5	LIALDA	LOPRESSOR	11
<i>lamotrigine</i>	14	<i>lidocaine</i>	see <i>metoprolol tartrate</i> ..	11
LANOXIN	12	<i>lidocaine hcl</i>	LOPRESSOR HCT	11
see <i>digoxin</i>	12	<i>lidocaine hcl (local anesth.)</i> .3	see <i>metoprolol &</i>	
<i>lansoprazole</i>	26	<i>lidocaine hcl (mouth-throat)</i>	<i>hydrochlorothiazide</i>	11
LANTUS	19	.....	LOPROX	35
LANTUS SOLOSTAR	19	<i>lidocaine-prilocaine</i>	see <i>ciclopirox 0.77% crm,</i>	
LASIX	13	LIDODERM	<i>gel, susp</i>	34
LASTACAPT	31	<i>liothyronine sodium</i>	LOPROX SHAMPOO	35
<i>latanoprost</i>	31	LIPITOR	see <i>ciclopirox shampoo</i>	
LATUDA	16	LIPOFEN	1%	34
<i>leflunomide</i>	28	LIPOSYN II	LORCET 10/650	1
LESCOL	11	LIPOSYN III	LORCET PLUS	1
LESCOL XL	11	<i>lisinopril</i>	LORTAB	1
LETAIRIS	13	<i>lisinopril &</i>	<i>losartan potassium</i>	10
<i>letrozole</i>	8	<i>hydrochlorothiazide</i>	<i>losartan potassium &</i>	
<i>leucovorin calcium</i>	9	<i>lithium carbonate</i>	<i>hydrochlorothiazide</i>	10
LEUCOVORIN CALCIUM ...	9	LITHIUM CARBONATE ...	LOSEASONIQUE	21
LEUKERAN	7	see <i>lithium carbonate</i> ...	LOTEMAX	31
LEUKINE	27	LITHIUM CITRATE	LOTENSIN	9
<i>leuprolide acetate</i>	8	LITHOBID	see <i>benazepril hcl</i>	9
LEUSTATIN	9	LIVALO	LOTENSIN HCT	9
see <i>cladribine</i>	9	LO/OVRAL	see <i>benazepril &</i>	
<i>levabuterol hcl</i>	32	see <i>norgestrel & ethinyl</i>	<i>hydrochlorothiazide</i>	9
LEVAQUIN	4	<i>estradiol</i>	LOTREL	9
LEVATOL	11	LO/OVRAL-28	see <i>amlodipine</i>	
LEVEMIR	19	LOCOID	<i>besylate-benazepril hcl</i> ...	9
LEVEMIR FLEXPEN	19	see <i>hydrocortisone</i>	LOTRONEX	26
<i>levetiracetam</i>	14	<i>butyrate</i>	<i>lovastatin</i>	11
<i>levobunolol hcl</i>	31	LOCOID LIPOCREAM	LOVAZA	11
LEVOBUNOLOL HCL	31	LODOSYN	LOVENOX	27
<i>levocarnitine (metabolic</i>		LOESTRIN 1.5/30-21	see <i>enoxaparin sodium</i> .27	
<i>modifiers)</i>	22	see <i>norethindrone acet &</i>	<i>loxapine succinate</i>	16
<i>levocetirizine dihydrochloride</i>		<i>eth estra</i>	LOXITANE	16
.....	32	LOESTRIN 1/20-21	see <i>loxapine succinate</i> ..	16
<i>levofloxacin (ophth)</i>	30	LOESTRIN 24 FE	LUFYLLIN	34
<i>levonorgestrel & eth estradiol</i>		LOESTRIN FE 1.5/30	LUMIGAN	31
.....	21	see <i>norethin acet &</i>	LUNESTA	17

LUPRON DEPOT.....	8	MEGACE ORAL	8	METHYLIN	17
LUPRON DEPOT-PED	8	<i>megestrol acetate</i>	8	<i>methylphenidate hcl</i>	17
LUVOX CR.....	13	<i>meloxicam</i>	3	<i>methylprednisolone</i>	23
LUXIQ	36	MELOXICAM	3	<i>methylprednisolone acetate</i>	
LYBREL	21	<i>melphalan hcl</i>	7	.....	23
LYRICA	14	MENACTRA.....	28	<i>methylprednisolone sod succ</i>	
LYSODREN	8	MENEST	22	.....	23
M		MENOMUNE-A/C/Y/W-135		<i>metipranolol</i>	31
		.....	28	<i>metoclopramide hcl</i>	24
MACROBID.....	7	MENOSTAR	22	<i>metolazone</i>	13
<i>see nitrofurantoin</i>		MENTAX.....	35	<i>metoprolol &</i>	
<i>monohyd macro</i>	7	MENVEO	28	<i>hydrochlorothiazide</i>	11
MACRODANTIN	7	MEPRON	7	<i>metoprolol succinate</i>	11
<i>see nitrofurantoin</i>		<i>mercaptapurine</i>	8	<i>metoprolol tartrate</i>	11
<i>macrocrystal</i>	7	<i>meropenem</i>	7	METOPROLOL/HYDROCHL	
MAGNACET.....	2	MERREM.....	7	OROTHI.....	11
<i>magnesium sulfate</i>	29	<i>see meropenem</i>	7	METOZOLV ODT	24
MAGNESIUM SULFATE...29		<i>mesalamine</i>	25	METROCREAM.....	36
MAGNESIUM SULFATE IN		<i>mesna</i>	9	<i>see metronidazole</i>	
D5W	30	MESNEX.....	9	(<i>topical</i>)	36
MALARONE.....	5	<i>see mesna</i>	9	METROGEL	36
<i>malathion</i>	36	MESTINON.....	18	METROGEL-VAGINAL....	27
MAPROTILINE HCL	15	<i>see pyridostigmine</i>		<i>see metronidazole vaginal</i>	
MARINOL.....	24	<i>bromide</i>	18	.....	27
<i>see dronabinol</i>	24	MESTINON TIMESPAN...18		METROLOTION	36
MARPLAN.....	15	METADATE CD	17	<i>metronidazole</i>	7
MATULANE	8	METAGLIP.....	20	<i>metronidazole (topical)</i>	36
MAVIK.....	9	<i>see glipizide-metformin hcl</i>		<i>metronidazole in nacl</i>	7
<i>see trandolapril</i>	9	.....	20	<i>metronidazole vaginal</i>	27
MAXALT.....	17	<i>metaxalone</i>	18	MEVACOR	11
MAXALT-MLT	17	<i>metformin hcl</i>	20	MEXILETINE HCL	10
MAXIDEX.....	31	<i>methadone hcl</i>	2	MIACALCIN	21
MAXIDONE.....	1	METHADONE HCL.....	2	<i>see calcitonin (salmon)</i> .21	
MAXITROL.....	30	METHADONE HCL		MICARDIS	10
<i>see</i>		INTENSOL		MICARDIS HCT.....	10
<i>neomycin-polymy-dexamet</i>		<i>see methadone hcl</i>	2	MICONAZOLE 3	27
<i>h</i>	30	<i>methazolamide</i>	13	MICROZIDE	13
MAXZIDE	13	<i>methenamine hippurate</i>	7	<i>see hydrochlorothiazide</i> 13	
MAXZIDE-25.....	13	METHERGINE	23	MIDAMOR	
MEBENDAZOLE.....	7	<i>methimazole</i>	24	<i>see amiloride hcl</i>	12
<i>meclizine hcl</i>	24	<i>methocarbamol</i>	18	<i>midodrine hcl</i>	13
MEDROL.....	23	<i>methotrexate sodium</i>	8	MIGERGOT	17
<i>see methylprednisolone</i> 23		METHOTREXATE SODIUM		MIGRANAL	17
MEDROL DOSEPAK	23	.....	8	MILLIPRED.....	23
<i>medroxyprogesterone</i>		<i>methotrexate tab 2.5mg</i>	28	MINIPRESS.....	10
<i>acetate</i>	24	<i>methscopolamine bromide</i> 25		<i>see prazosin hcl</i>	10
<i>medroxyprogesterone</i>		METHYCLOTHIAZIDE.....	13	MINOCIN	4
<i>acetate (contraceptive)</i>	21	<i>methyl dopa</i>	13	<i>minocycline hcl</i>	4
<i>mefenamic acid</i>	3	METHYLDOPA/HYDROCHL		<i>minoxidil</i>	13
<i>mefloquine hcl</i>	5	OROTHI.....	13	MIRAPEX	16
MEGACE ES.....	8				

<i>see pramipexole</i>	<i>bendroflumethiazide</i> 11	<i>see</i>
<i>dihydrochloride</i> 16	NAFCILLIN SODIUM 4	<i>neomycin-polymy-gramicid</i>
MIRAPEX ER 16	NAFTIN 35	..... 30
MIRCETTE	NAGLAZYME 22	NEOSPORIN GU IRRIGANT
<i>see desogestrel-ethinyl</i>	NALFON 3	<i>see neomycin/polymyxin b</i>
<i>estradiol (biphasic)</i> 21	NALLPEN/DEXTROSE 4	<i>gu</i> 36
<i>mirtazapine</i> 15	<i>naloxone hcl</i> 19	NEPHRAMINE 29
<i>misoprostol</i> 26	NALOXONE HCL 19	NEPTAZANE
<i>mitomycin</i> 7	<i>naltrexone hcl</i> 19	<i>see methazolamide</i> 13
<i>mitoxantrone hcl</i> 8	NAMENDA 15	NEULASTA 27
M-M-R II W/DILUENT 10	NAMENDA TITRATION PAK	NEUPOGEN 27
DOS 28	..... 15	NEURONTIN 14
MOBIC 3	<i>naphazoline hcl</i> 32	<i>see gabapentin</i> 14
<i>see meloxicam</i> 3	NAPRELAN 3	NEVANAC 31
MODICON-28 21	NAPROSYN 3	NEXAVAR 8
<i>moexipril hcl</i> 9	<i>see naproxen</i> 3	NEXIUM 26
<i>moexipril-hydrochlorothiazid</i>	<i>naproxen</i> 3	NEXIUM I.V. 26
<i>e</i> 9	<i>naproxen sodium</i> 3	<i>niacin</i> 11
<i>mometasone furoate</i> 36	<i>naratriptan hcl</i> 17	NIASPAN 11
MONODOX 4	NARDIL 15	<i>nicardipine hcl</i> 12
MONOKET 13	<i>see phenelzine sulfate</i> ... 15	NICOTROL INHALER 19
<i>see isosorbide</i>	NASACORT AQ 33	NICOTROL NS 19
<i>mononitrate</i> 13	NASONEX 33	<i>nifedipine er</i> 12
<i>morphine sulfate</i> 2	NATACYN 30	NILANDRON 8
MORPHINE SULFATE 2	<i>nateglinide</i> 20	<i>nimodipine</i> 12
MOTOFEN 26	NAVANE 16	NIMOTOP
MOVIPREP 25	<i>see thiothixene</i> 16	<i>see nimodipine</i> 12
MOXATAG 4	NAVELBINE	NIPENT 8
MOZOBIL 27	<i>see vinorelbine tartrate</i> ... 8	<i>see pentostatin</i> 8
MS CONTIN 2	NEBUPENT 7	<i>nisoldipine</i> 12
<i>see morphine sulfate</i> 2	NECON 10/11-28 21	NISOLDIPINE 12
MULTAQ 10	NEFAZODONE HCL 15	NITRO-BID 13
<i>mupirocin</i> 34	<i>neomycin sulfate</i> 4	NITRO-DUR 13
MUSTARGEN 7	<i>neomycin/polymyxin b gu</i> .. 36	<i>see nitroglycerin</i> 13
MYAMBUTOL 6	NEOMYCIN/POLYMYXIN/B	<i>nitrofurantoin</i> 7
<i>see ethambutol hcl</i> 6	ACITR 30	<i>nitrofurantoin macrocrystal</i> .7
MYCAMINE 5	NEOMYCIN/POLYMYXIN/H	<i>nitrofurantoin monohyd</i>
MYCELEX	YDROC 30	<i>macro</i> 7
<i>see clotrimazole</i> 5	<i>neomycin-bacitracin</i>	<i>nitroglycerin</i> 13
MYCOBUTIN 6	<i>zn-polymyxin</i> 30	NITROLINGUAL
<i>mycophenolate mofetil</i> 28	<i>neomycin-polymy-dexameth</i>	PUMPSPRAY 13
MYFORTIC 28	..... 30	NITROMIST 13
MYOZYME 22	<i>neomycin-polymy-gramicid</i>	NITROSTAT 13
MYSOLINE 14	..... 30	<i>nizatidine</i> 25
<i>see primidone</i> 14	<i>neomycin-polymyxin-hc (otic)</i>	NIZORAL 35
MYTELASE 18	..... 37	<i>see ketoconazole (topical)</i>
N	NEORAL 28	..... 35
<i>nabumetone</i> 3	<i>see cyclosporine modified</i>	NORCO 1
<i>nadolol</i> 11	<i>(for microemulsion)</i> 28	NORDETTE-28 21
<i>nadolol &</i>	NEOSPORIN 30	<i>see levonorgestrel & eth</i>

<i>estradiol</i>	21	PREFILL	19	ORAPRED	23
NORDITROPIN FLEXPRO		NOXAFIL	5	<i>see prednisolone sodium</i>	
.....	23	NUCYNTA	2	<i>phosphate</i>	23
NORDITROPIN		NUEDEXTA	18	ORAPRED ODT	23
NORDIFLEX PEN	23	NULYTELY/FLAVOR		ORAVIG.....	37
<i>norethin acet & estrad-fe</i> ...	21	PACKS.....	25	ORENCIA	28
<i>norethindrone & eth estradiol</i>		<i>see peg 3350-potassium</i>		ORFADIN	22
.....	21	<i>chloride-sod</i>		<i>orphenadrine citrate</i>	18
<i>norethindrone</i>		<i>bicarbonate-sod chloride</i>		ORPHENADRINE	
(<i>contraceptive</i>)	21	.....	25	COMPOUND DS	18
<i>norethindrone acet & eth</i>		NUTROPIN	23	<i>orphenadrine w/ aspirin &</i>	
<i>estra</i>	21	NUTROPIN AQ PEN.....	23	<i>caff</i>	18
<i>norethindrone acetate</i>	24	NUVARING	22	ORTHO EVRA	22
<i>norethindrone acetate-ethinyl</i>		NUVIGIL	18	ORTHO MICRONOR.....	22
<i>estradiol</i>	22	<i>nystatin</i>	5	ORTHO TRI-CYCLEN	
<i>norethindrone acetate-ethinyl</i>		<i>nystatin (mouth-throat)</i>	37	<i>see norgestimate-ethinyl</i>	
<i>estradiol-fe</i>	21	<i>nystatin (topical)</i>	35	<i>estradiol (triphasic)</i>	22
<i>norethindrone-eth estradiol</i>		0		ORTHO TRI-CYCLEN LO	22
(<i>triphasic</i>)	22	<i>octreotide acetate</i>	23	ORTHO-CEPT	22
<i>norgestimate-ethinyl</i>		OCUFEN.....	31	ORTHOCLONE OKT3	28
<i>estradiol</i>	22	<i>see flurbiprofen sodium</i> .	31	ORTHO-CYCLEN	22
<i>norgestimate-ethinyl</i>		OCUFLOX	30	<i>see norgestimate-ethinyl</i>	
<i>estradiol (triphasic)</i>	22	<i>see ofloxacin (ophth)</i>	30	<i>estradiol</i>	22
<i>norgestrel & ethinyl estradiol</i>		<i>ofloxacin (ophth)</i>	30	ORTHO-NOVUM 7/7/7	
.....	22	<i>ofloxacin (otic)</i>	37	<i>see norethindrone-eth</i>	
NORINYL 1+35	22	OGESTREL	22	<i>estradiol (triphasic)</i>	22
NORITATE.....	36	OLEPTRO.....	15	ORTHO-NOVUM 7/7/7-28	22
NORMOSOL-R	30	OLUX-E	36	OSMOPREP.....	25
NOROXIN	4	<i>omeprazole</i>	26	OVCON-35	22
NORPACE	10	OMNARIS	33	OVCON-50 28	22
<i>see disopyramide</i>		OMNIPRED	31	OVIDE	36
<i>phosphate</i>	10	<i>see prednisolone acetate</i>		<i>see malathion</i>	36
NORPACE CR	10	(<i>ophth</i>).....	31	OXACILLIN SODIUM.....	4
NORPRAMIN	15	OMNITROPE	23	<i>oxaliplatin</i>	9
<i>see desipramine hcl</i>	15	<i>ondansetron</i>	24	OXANDRIN.....	19
NOR-QD	21	<i>ondansetron hcl</i>	24	<i>see oxandrolone</i>	19
<i>see norethindrone</i>		ONGLYZA.....	21	<i>oxandrolone</i>	19
(<i>contraceptive</i>).....	21	ONSOLIS.....	2	<i>oxaprozin</i>	3
<i>nortriptyline hcl</i>	15	ONTAK	8	<i>oxcarbazepine</i>	14
NORVASC	12	OPANA	2	OXISTAT	35
<i>see amlodipine besylate</i>	12	<i>see oxymorphone hcl</i>	2	OXSORALEN	36
NORVIR.....	5	OPANA ER	2	OXSORALEN ULTRA.....	35
NOVANTRONE.....	8	OPTIPRANOLOL.....	32	<i>oxybutynin chloride</i>	26
NOVOLIN 70/30.....	19	<i>see metipranolol</i>	31	<i>oxycodone hcl</i>	2
NOVOLIN N	19	OPTIVAR.....	31	OXYCODONE HCL	2
NOVOLIN R	19	<i>see azelastine hcl (ophth)</i>		<i>oxycodone w/</i>	
NOVOLOG.....	19	.....	31	<i>acetaminophen</i>	2
NOVOLOG FLEXPEN	19	ORACEA.....	36	<i>oxycodone-aspirin</i>	2
NOVOLOG MIX 70/30	19	ORAMORPH SR.....	2	<i>oxycodone-ibuprofen</i>	2
NOVOLOG MIX 70/30		ORAP	16	OXYCONTIN	2

<i>oxymorphone hcl</i>.....2	PEGANONE 14	PHOSPHOLINE IODIDE ..32
OXYTROL.....26	PEGASYS.....28	PHOTOFRIN 9
P	PEG-INTRON .....28	<i>pilocarpine hcl (oral)</i> .....37
PACERONE.....10	PEG-INTRON REDIPEN ..28	PILOPINE HS .....32
<i>paclitaxel</i>.....8	<i>penicillin g potassium</i>.....4	PINDOLOL 11
PALGIC.....32	PENICILLIN G POTASSIUM	PIPERACILLIN SODIUM ....4
<i>see carbinoxamine</i>	IN .....4	<i>piperacillin</i>
<i>maleate</i>.....32	PENICILLIN G PROCAINE.4	<i>sodium-tazobactam sodium</i> 4
PAMELOR .....15	PENICILLIN G SODIUM ....4	<i>piroxicam</i> .....3
<i>see nortriptyline hcl</i> .....15	<i>penicillin v potassium</i> .....4	PLAN B
<i>pamidronate disodium</i>.....21	PENNSAID .....36	<i>see levonorgestrel</i>
PAMIDRONATE DISODIUM	PENTAM 300.....7	<i>(emergency oc)</i> .....21
.....21	PENTASA .....25	PLAQUENIL .....28
PAMINE .....25	<i>pentostatin</i> .....8	<i>see hydroxychloroquine</i>
<i>see methscopolamine</i>	<i>pentoxifylline</i> .....27	<i>sulfate</i> .....27
<i>bromide</i> .....25	PEPCID .....25	PLASMA-LYTE 56.....30
PAMINE FORTE .....25	<i>see famotidine</i> .....25	PLASMA-LYTE A.....30
PANCREAZE .....26	PEPCID I.V. ....25	PLASMA-LYTE-148.....30
PANDEL.....36	PERCOCET .....2	PLASMA-LYTE-148/D5W.30
PANLOR SS .....1	<i>see oxycodone w/</i>	PLASMA-LYTE-56/D5W...30
PANRETIN.....36	<i>acetaminophen</i>.....2	PLAVIX .....27
<i>pantoprazole sodium</i>.....26	PERCODAN .....2	PLETAL .....27
PARAFON FORTE DSC...18	<i>see oxycodone-aspirin</i> ...2	<i>see cilostazol</i>.....27
<i>see chlorzoxazone</i> .....18	PERFOROMIST .....32	<i>podofilox</i> .....36
PARCOPA .....16	PERIDEX	<i>polyethylene glycol 3350</i> ..25
<i>see carbidopa-levodopa</i> 16	<i>see chlorhexidine</i>	<i>polymyxin b sulfate</i> .....7
<i>parenteral electrolytes</i>.....29	<i>gluconate (mouth-throat)</i>	<i>polymyxin b-trimethoprim</i> ..30
PARLODEL.....16	.....37	POLY-PRED.....30
<i>see bromocriptine</i>	<i>perindopril erbumine</i> .....9	POLYTRIM .....30
<i>mesylate</i> .....16	PERIOSTAT .....4	<i>see polymyxin</i>
PARNATE .....15	<i>permethrin</i>.....36	<i>b-trimethoprim</i> .....30
<i>see tranlycypromine</i>	<i>perphenazine</i> .....16	PONSTEL.....3
<i>sulfate</i>.....15	PERPHENAZINE/AMITRIPT	<i>see mefenamic acid</i> .....3
<i>paromomycin sulfate</i>.....4	YLIN.....19	<i>potassium chloride</i>.....29, 30
<i>paroxetine hcl</i>.....15	PERSANTINE.....27	POTASSIUM CHLORIDE .30
PASER.....6	<i>see dipyridamole</i> .....27	<i>see potassium chloride</i> .30
PATADAY .....31	PEXEVA .....15	POTASSIUM CHLORIDE
PATANASE.....32	PFIZERPEN-G.....4	0.15%
PATANOL .....31	<i>phenelzine sulfate</i> .....15	<i>see potassium chloride in</i>
PAXIL.....15	PHENERGAN .....24	<i>nacl</i> .....30
<i>see paroxetine hcl</i> .....15	<i>see promethazine hcl</i> ....24	POTASSIUM CHLORIDE
PAXIL CR.....15	PHENYTEK .....14	0.224% .....30
PCE .....4	<i>phenytoin</i> .....14	POTASSIUM CHLORIDE
PEDIAPRED .....23	<i>phenytoin sodium</i>.....14	0.3%/ .....30
PEDVAX HIB .....28	<i>phenytoin sodium extended</i>	<i>potassium chloride in</i>
<i>peg 3350-kcl-sod bicarb-sod</i>	.....14	<i>dextrose</i>.....30
<i>chloride-sod sulfate</i> .....25	PHISOHEX .....34	<i>potassium chloride in</i>
<i>peg 3350-potassium</i>	PHOSLO.....24	<i>dextrose & sodium chloride</i>
<i>chloride-sod bicarbonate-sod</i>	<i>see calcium acetate</i>	.....30
<i>chloride</i> .....25	<i>(phosphate binder)</i> .....24	<i>potassium chloride in nacl</i> 30

<i>potassium chloride</i>	<i>primidone</i>	<i>see medroxyprogesterone</i>
<i>microencapsulated crystals</i>	PRIMSOL.....	<i>acetate</i>
<i>cr</i>	PRINIVIL.....	PROVIGIL.....
<i>potassium citrate (alkalinizer)</i>	<i>see lisinopril</i>	PROZAC.....
.....	PRINZIDE	<i>see fluoxetine hcl</i>
PRADAXA.....	<i>see lisinopril &</i>	PROZAC WEEKLY.....
<i>pramipexole dihydrochloride</i>	<i>hydrochlorothiazide</i>	PULMICORT
.....	PRISTIQ	<i>see budesonide</i>
PRANDIMET.....	PROAIR HFA.....	<i>(inhalation)</i>
PRANDIN.....	<i>probenecid</i>	PULMICORT FLEXHALER
PRAVACHOL.....	PROCALAMINE.....	.....
<i>pravastatin sodium</i>	PROCARDIA XL .....	.....
<i>prazosin hcl</i>	<i>prochlorperazine</i>	PULMOZYME
PRECOSE	<i>prochlorperazine edisylate</i>	PURINETHOL
<i>see acarbose</i>	<i>prochlorperazine maleate</i>	<i>see mercaptopurine</i>
PRED FORTE.....	PROCRIT.....	PYLERA
PRED MILD	PROCTOCORT	<i>pyrazinamide</i>
PRED-G.....	<i>see hydrocortisone (rectal)</i>	<i>pyridostigmine bromide</i>
PRED-G S.O.P. ....	.....	Q
<i>prednicarbate</i>	PROGLYCEM.....	QUALAQUIN
<i>prednisolone acetate (ophth)</i>	PROGRAF	QUESTRAN.....
.....	<i>see tacrolimus</i>	QUESTRAN LIGHT
PREDNISOLONE SODIUM	PROLASTIN	<i>see cholestyramine light</i>
PHOSP	PROLASTIN-C.....	<i>quinapril hcl</i>
<i>prednisolone sodium</i>	PROLEUKIN	<i>quinapril-hydrochlorothiazide</i>
<i>phosphate</i>	PROLIA.....	.....
<i>prednisone</i>	PROMACTA	<i>quinidine gluconate</i>
PREDNISON	<i>promethazine &</i>	<i>quinidine sulfate</i>
PREDNISON INTENSOL	<i>phenylephrine</i>	QUINIDINE SULFATE ER
.....	<i>promethazine hcl</i>	QUIXIN
PREFEST	PROMETRIUM	<i>see levofloxacin (ophth)</i>
PREMARIN.....	<i>propafenone hcl</i>	QVAR
PREMARIN	<i>proparacaine hcl</i>	R
W/APPLICATOR.....	<i>propranolol hcl</i>	RABAVERT
PREMASOL	PROPRANOLOL HCL	<i>ramipril</i>
PREMPHASE	PROPRANOLOL/HYDROCH	RANEXA.....
PREMPRO.....	LOROTH.....	<i>ranitidine hcl</i>
<i>prenatal vitamins</i>	<i>propylthiouracil</i>	RAPAFLO
PREVACID.....	PROQUAD.....	RAPAMUNE
<i>see lansoprazole</i>	PROQUIN XR.....	RAZADYNE
PREVACID SOLUTAB.....	PROSCAR.....	<i>see galantamine</i>
PREVPAC.....	<i>see finasteride</i>	<i>hydrobromide</i>
PREZISTA	PROSOL.....	RAZADYNE ER
PRIFTIN.....	PROTONIX.....	REBETOL.....
PRILOSEC.....	<i>see pantoprazole sodium</i>	REBIF
<i>see omeprazole</i>.....	.....	REBIF TITRATION PACK
PRIMAQUINE PHOSPHATE	PROTOPIC	RECOMBIVAX HB.....
.....	<i>protriptyline hcl</i>	REGLAN.....
PRIMAXIN I.M.....	PROVENTIL HFA	<i>see metoclopramide hcl</i>
PRIMAXIN IV	PROVERA	REGONOL.....

REGRANEX.....	36	<i>risperidone</i>	16	PACK.....	18
RELENZA DISKHALER	6	RISPERIDONE ODT.....	16	SEASONALE	22
RELISTOR.....	25	RITALIN	17	<i>see levonorgestrel-ethinyl</i>	
RELPAK.....	17	<i>see methylphenidate hcl</i>	17	<i>estradiol (91-day)</i>	21
REMERON.....	15	RITALIN LA.....	17	SEASONIQUE	22
<i>see mirtazapine</i>	15	RITALIN SR.....	17	SECTRAL	12
REMERON SOLTAB	15	RITUXAN	8	<i>see acebutolol hcl</i>	11
REMICADE.....	28	<i>rivastigmine tartrate</i>	15	<i>selegiline hcl</i>	16
REMODULIN	13	ROBAXIN.....	18	<i>selenium sulfide</i>	35
RENAGEL.....	24	<i>see methocarbamol</i>	18	SELSUN SHAMPOO	
REVELA	24	ROBINUL.....	25	<i>see selenium sulfide</i>	35
REPREXAIN	1	<i>see glycopyrrolate</i>	25	SELZENTRY	5
REQUIP	16	ROBINUL FORTE.....	25	SEMPREX-D	32
<i>see ropinirole</i>		ROCALTROL.....	30	SENSIPAR	21
<i>hydrochloride</i>	16	<i>see calcitriol</i>	30	SEPTRA	7
REQUIP XL.....	16	ROCEPHIN.....	4	SEPTRA DS	7
RESCRIPTOR	5	<i>ropinirole hydrochloride</i>	16	SEREVENT DISKUS	33
RESTASIS	32	ROTATEQ	28	SEROMYCIN	6
RETIN-A.....	34	ROWASA.....	25	SEROQUEL.....	16
<i>see tretinoin</i>	34	ROXICET	2	SEROQUEL XR.....	16
RETIN-A MICRO.....	34	ROXICODONE	2	SEROSTIM.....	23
RETROVIR	5	<i>see oxycodone hcl</i>	2	<i>sertraline hcl</i>	15
<i>see zidovudine</i>	6	ROZEREM.....	17	SILVADENE	34
RETROVIR IV INFUSION...5		RYTHMOL	10	<i>see silver sulfadiazine</i> ...	34
REVATIO	13	<i>see propafenone hcl</i>	10	<i>silver sulfadiazine</i>	34
REVIA	19	RYTHMOL SR	10	SIMCOR	11
<i>see naltrexone hcl</i>	19	RYZOLT.....	2	SIMPONI	28
REVLIMID.....	28	S		SIMULECT	28
REYATAZ	5	SABRIL.....	14	<i>simvastatin</i>	11
RHEUMATREX.....	28	SAIZEN.....	23	SINEMET.....	16
RHINOCORT AQUA	33	SAIZEN CLICK.EASY	23	SINEMET CR	16
<i>ribapak pak</i>	6	SALAGEN.....	37	SINGULAIR	33
RIBAPAK PAK	6	<i>see pilocarpine hcl (oral)</i>		SKELAXIN	18
RIBASPHERE TAB 400MG 6		.....	37	<i>see metaxalone</i>	18
RIBASPHERE TAB 600MG 6		SAMSCA.....	23	SOD FLUORIDE 2.2MG	
<i>ribavirin 200mg</i>	6	SANCTURA.....	26	TAB.....	29
RIFADIN.....	6	<i>see trospium chloride</i> ...	26	<i>sodium chloride</i>	29, 30
<i>see rifampin</i>	6	SANCTURA XR	26	<i>sodium chloride (gu irrigant)</i>	
RIFAMATE.....	6	SANCUSO	24	.....	37
<i>see isoniazid & rifampin</i> ..	6	SANDIMMUNE	28	SODIUM EDECRIN	13
<i>rifampin</i>	6	<i>see cyclosporine</i>	28	<i>sodium polystyrene sulfonate</i>	
RIFATER.....	6	SANDOSTATIN	23	.....	21
RILUTEK.....	18	<i>see octreotide acetate</i> ...	23	SOLARAZE	34
<i>rimantadine hydrochloride</i> ...6		SANDOSTATIN LAR		SOLODYN	4
<i>ringer's</i>	30	DEPOT	23	SOLU-CORTEF	23
RIOMET	21	SANTYL.....	36	<i>see hydrocortisone sod</i>	
RISPERDAL.....	16	SAPHRIS	16	<i>succinate</i>	23
<i>see risperidone</i>	16	SARAFEM	19	SOLU-MEDROL	23
RISPERDAL CONSTA.....	16	SAVELLA.....	18	<i>see methylprednisolone</i>	
RISPERDAL M-TAB	16	SAVELLA TITRATION		<i>sod succ</i>	23

SOMA	18	<i>m</i>	7	TEKTURNA HCT	12
see <i>carisoprodol</i>	18	SULFAMYLON	34	TEMOVATE	36
SOMATULINE DEPOT	23	<i>sulfasalazine</i>	25	see <i>clobetasol propionate</i>	
SOMAVERT	23	<i>sulindac</i>	3	.....	35
SONATA	17	<i>sumatriptan succinate</i>	17	TEMOVATE E	
see <i>zaleplon</i>	17	SUMATRIPTAN		see <i>clobetasol propionate</i>	
SORIATANE	35	SUCCINATE	18	<i>emollient base</i>	35
<i>sotalol hcl</i>	10	SUPRAX	4	TENEX.....	10
SPIRIVA HANDIHALER....	32	SUPREP BOWEL PREP ..	25	see <i>guanfacine hcl</i>	10
<i>spironolactone</i>	10	SURMONTIL.....	15	TENORETIC 100	11
<i>spironolactone &</i>		SUSTIVA	5	see <i>atenolol &</i>	
<i>hydrochlorothiazide</i>	13	SUTENT	8	<i>chlorthalidone</i>	11
SPORANOX.....	5	SYMBICORT	34	TENORETIC 50	11
see <i>itraconazole</i>	5	SYMLIN	19	TENORMIN	12
SPORANOX PULSEPAK....	5	SYMLINPEN 120	19	see <i>atenolol</i>	11
SPRYCEL	8	SYMLINPEN 60	19	TERAZOL 3	27
STADOL.....	1	SYNAGIS	28	TERAZOL 7	27
STALEVO 100	16	SYNALGOS-DC.....	1	see <i>terconazole vaginal</i> ..	27
STALEVO 125	16	SYNAREL	22	<i>terazosin hcl</i>	10
STALEVO 150	16	SYNERA	36	<i>terbinafine hcl</i>	5
STALEVO 200	16	SYNERCID	7	<i>terbutaline sulfate</i>	33
STALEVO 50	16	SYNTHROID.....	24	<i>terconazole vaginal</i>	27
STALEVO 75	16	see <i>levothyroxine sodium</i>		TESTIM	19
STARLIX.....	21	.....	24	<i>testosterone cypionate</i>	19
see <i>nateglinide</i>	20	see <i>levoxyl</i>	24	<i>testosterone enanthate</i>	19
<i>stavudine</i>	5	SYPRINE	21	TETANUS TOXOID	
STAVZOR.....	14	T		ADSORBED	28
STELARA.....	35	TABLOID	8	TETANUS/DIPHThERIA	
STIMATE	24	TACLONEX	36	TOXOID	28
STRATTERA.....	17	TACLONEX SCALP	36	<i>tetracycline hcl</i>	5
STREPTOMYCIN SULFATE		<i>tacrolimus</i>	28	TEVETEN	10
.....	4	TAMBOCOR.....	10	TEVETEN HCT	10
STRIANT.....	19	see <i>flecainide acetate</i>	10	TEV-TROPIN	23
STROMECTOL	7	TAMIFLU	6	THALITONE	13
SUBOXONE.....	19	<i>tamoxifen citrate</i>	8	THALOMID	28
SUBUTEX.....	19	<i>tamsulosin hcl</i>	26	THEO-24	34
see <i>buprenorphine hcl</i> ...	19	TAPAZOLE	24	<i>theophylline</i>	34
<i>sucralfate</i>	26	see <i>methimazole</i>	24	THEOPHYLLINE ER	34
SULAR.....	12	TARCEVA.....	8	<i>thioridazine hcl</i>	16
see <i>nisoldipine</i>	12	TARGRETIN	9, 36	THIOTEPA.....	7
<i>sulfacetamide sodium (acne)</i>		TARKA.....	9	<i>thiothixene</i>	16
.....	34	TASIGNA	8	THYMOGLOBULIN.....	28
<i>sulfacetamide sodium</i>		TAXOTERE	8	THYROLAR-1	24
(<i>ophth</i>)	30	TAZORAC.....	35	THYROLAR-1/4	24
<i>sulfacetamide</i>		TEFLARO	4	THYROLAR-2	24
<i>sod-prednisolone</i>	30	TEGRETOL	14	THYROLAR-3.....	24
SULFADIAZINE	4	see <i>carbamazepine</i>	13	TIAZAC	12
SULFAMETHOXAZOLE/TRI		TEGRETOL-XR	14	see <i>diltiazem hcl extended</i>	
METHO	7	TEKAMLO.....	12	<i>release beads</i>	12
<i>sulfamethoxazole-trimethopri</i>		TEKTURNA	12	TIGAN.....	24

<i>see trimethobenzamide hcl</i>	TORISEL	8	TRIOSTAT
.....	<i>torseamide</i>	13	<i>see liothyronine sodium</i> 24
TIKOSYN	TORSEMIDE	13	TRIPEDIA
TIMENTIN	TOVIAZ.....	26	TRISENOX
TIMOLOL MALEATE	TRACLEER.....	13	TRIZIVIR.....
<i>timolol maleate (ophth gel)</i> 32	<i>tramadol hcl</i>	2	TROPHAMINE.....
<i>timolol maleate (ophth soln)</i>	<i>tramadol-acetaminophen</i> ...	2	<i>tropium chloride</i>
.....	TRANDATE	12	TRUSOPT
TIMOPTIC	<i>see labetalol hcl</i>	11	<i>see dorzolamide hcl</i>
<i>see timolol maleate (ophth</i>	<i>trandolapril</i>	9	TRUVADA
<i>soln)</i>	TRANSDERM-SCOP	25	TWINJECT
.....	<i>tranylcypromine sulfate</i>	15	TWINRIX
TIMOPTIC OCUDOSE.....	TRAVASOL.....	29	TWYNSTA.....
TIMOPTIC-XE.....	TRAVATAN Z	32	TYGACIL
<i>see timolol maleate (ophth</i>	<i>trazodone hcl</i>	15	TYKERB
<i>gel)</i>	TREANDA.....	7	TYLENOL/CODEINE #3.....
TIROSINT	TRECATOR	6	<i>see acetaminophen w/</i>
<i>tizanidine hcl</i>	TRELSTAR DEPOT		<i>codeine</i>
TOBI	MIXJECT	8	.....
TOBRADEX	TRELSTAR LA MIXJECT ...	8	TYLENOL/CODEINE #4
<i>see</i>	TRELSTAR MIXJECT	8	TYLOX.....
<i>tobramycin-dexamethason</i>	TRENTAL	27	TYPHIM VI.....
<i>e</i>	<i>see pentoxifylline</i>	27	TYSABRI
.....	<i>tretinoin</i>	34	TYZEKA.....
TOBRADEX ST.....	TRETINOIN	9	TYZINE
<i>tobramycin sulfate</i>	TRETIN-X	34	TYZINE PEDIATRIC NASAL
<i>tobramycin sulfate (ophth)</i> .31	TREXALL.....	28	DR
TOBRAMYCIN	TREXIMET.....	18	U
SULFATE/SODIUM	TRIAMCINOLONE		ULESFIA.....
<i>tobramycin-dexamethasone</i>	ACETONIDE.....	36	ULORIC
.....	<i>triamcinolone acetamide</i>		ULTRACET
.....	<i>(mouth)</i>	37	<i>see</i>
TOBREX	<i>triamcinolone acetamide</i>		<i>tramadol-acetaminophen</i> 2
<i>see tobramycin sulfate</i>	<i>(topical)</i>	36	ULTRAM.....
<i>(ophth)</i>	TRIAMCINOLONE		ULTRAM ER.....
TOFRANIL	ACETONIDE I.....	36	<i>see tramadol hcl</i>
<i>see imipramine hcl</i>	<i>triamterene &</i>		ULTRAVATE
.....	<i>hydrochlorothiazide</i>	13	<i>see halobetasol</i>
TOFRANIL-PM.....	TRIBENZOR.....	10	<i>propionate</i>
<i>see imipramine pamoate</i>	TRICOR.....	11	.....
.....	<i>trifluoperazine hcl</i>	16	UNASYN.....
<i>tolmetin sodium</i>	<i>trifluridine</i>	31	<i>see ampicillin & sulbactam</i>
TOLMETIN SODIUM	TRIGLIDE	11	<i>sodium</i>
TOPAMAX	<i>trihexyphenidyl hcl</i>	16	.....
<i>see topiramate</i>	TRILEPTAL.....	14	UNASYN BULK PACK.....
.....	<i>see oxcarbazepine</i>	14	UNIRETIC.....
TOPAMAX SPRINKLE.....	TRILIPIX	11	<i>see</i>
TOPICORT	<i>trimethobenzamide hcl</i>	25	<i>moexipril-hydrochlorothiazi</i>
<i>see desoximetasone</i>	<i>trimethoprim</i>	7	<i>de</i>
.....	TRI-NORINYL 28.....	22	.....
TOPICORT LP			UNIVASC.....
<i>topiramate</i>			<i>see moexipril hcl</i>
<i>topotecan hcl</i>.....			.....
TOPROL XL.....			<i>urea-hc acetate</i>
<i>see metoprolol succinate</i>			URECHOLINE
.....		

<i>see bethanechol chloride</i>	VFEND IV	5	VPRIV	22
.....	VIBATIV	7	VYTORIN.....	11
UROCID-K 10	VIBRAMYCIN	5	VYVANSE.....	17
<i>see potassium citrate</i>	<i>see doxycycline hyclate</i> ...	4	W	
(<i>alkalinizer</i>)	VICODIN.....	1	<i>warfarin sodium</i>	27
UROXATRAL	VICODIN ES.....	1	WELCHOL.....	11
URSO 250.....	VICOPROFEN	1	WELLBUTRIN	15
<i>see ursodiol</i>	VICTOZA	19	<i>see bupropion hcl</i>	15
URSO FORTE	VICTRELIS	6	WELLBUTRIN SR.....	15
<i>ursodiol</i>	VIDAZA.....	8	WELLBUTRIN XL	15
UVADEX	VIDEX.....	5	WESTCORT	36
V	VIDEX EC	5	<i>see hydrocortisone</i>	
VAGIFEM.....	<i>see didanosine</i>	5	<i>valerate</i>	36
<i>valacyclovir hcl</i>	VIGAMOX	31	X	
VALCYTE.....	VIIBRYD	15	XALATAN	32
<i>valproate sodium</i>	VIMOVO	1	<i>see latanoprost</i>	31
<i>valproic acid</i>	VIMPAT	14	XENAZINE.....	18
VALTRESX.....	VINBLASTINE SULFATE ...	8	XGEVA	23
<i>see valacyclovir hcl</i>	<i>vincristine sulfate</i>	8	XIFAXAN	7, 26
VALTURNA.....	<i>vinorelbine tartrate</i>	8	XODOL	1
VANCOCIN HCL.....	VIRACEPT	6	XOLAIR	33
<i>vancomycin hcl</i>	VIRAMUNE.....	6	XOPENEX	33
VANDETANIB	VIRAMUNE XR.....	6	XOPENEX CONCENTRATE	
VANOS	VIRAZOLE	6	<i>see levalbuterol hcl</i>	32
VAQTA.....	VIREAD	6	XOPENEX HFA	33
VARIVAX	VIROPTIC.....	31	XYLOCAINE	3, 36
VASERETIC.....	<i>see trifluridine</i>	31	<i>see lidocaine hcl (local</i>	
<i>see enalapril maleate &</i>	VISICOL.....	25	<i>anesth.)</i>	3
<i>hydrochlorothiazide</i>	VISTARIL.....	32	XYLOCAINE JELLY.....	36
VASOTEC.....	VISTIDE.....	6	<i>see lidocaine hcl</i>	36
<i>see enalapril maleate</i>	VIVACTIL.....	15	XYREM.....	18
VECTIBIX.....	<i>see protriptyline hcl</i>	15	XYZAL	32
VECTICAL	VIVAGLOBIN	28	<i>see levocetirizine</i>	
VELCADE	VIVELLE-DOT	23	<i>dihydrochloride</i>	32
<i>venlafaxine hcl</i>	VIVITROL	19	Y	
VENLAFAXINE HCL ER ...	VOLTAREN	31, 36	YASMIN 28.....	22
<i>see venlafaxine hcl</i>	<i>see diclofenac sodium</i>		<i>see drospirenone-ethinyl</i>	
VENTAVIS	(<i>ophth</i>).....	31	<i>estradiol</i>	21
VENTOLIN HFA.....	VOLTAREN-XR	3	YAZ.....	22
VERAMYST	<i>see diclofenac sodium</i>	2	YF-VAX.....	29
<i>verapamil hcl</i>	<i>voriconazole</i>	5	Z	
VERDESO	VOSOL		<i>zafirlukast</i>	33
VERELAN	<i>see acetic acid (otic)</i>	37	<i>zaleplon</i>	17
VERELAN PM.....	VOSOL HC		ZAMICET.....	1
<i>see verapamil hcl</i>	<i>see acetic acid sol/hc</i>	37	ZANAFLEX	18
VERIPRED 20.....	<i>see hydrocortisone</i>		ZANOSAR	7
VESICARE.....	<i>w/acetic acid</i>	37	ZANTAC	25
VEXOL.....	VOSPIRE ER.....	33		
VFEND.....	<i>see albuterol sulfate</i>	32		
<i>see voriconazole</i>	VOTRIENT.....	8		

see <i>ranitidine hcl</i>	25	see <i>dexrazoxane</i>	9	ZORTRESS	28
ZARONTIN.....	14	ZIPSOR	3	ZOSTAVAX	29
see <i>ethosuximide</i>	14	ZIRGAN	31	ZOSYN	5
ZAROXOLYN.....	13	ZITHROMAX.....	5	see <i>piperacillin</i>	
ZAVESCA	22	see <i>azithromycin</i>	3	<i>sodium-tazobactam</i>	
ZEBETA.....	12	ZITHROMAX TRI-PAK.....	5	<i>sodium</i>	4
see <i>bisoprolol fumarate</i> .	11	ZITHROMAX Z-PAK	5	ZOVIA 1/50E	22
ZEGERID	26	ZMAX.....	5	ZOVIRAX.....	6, 35
ZELAPAR.....	16	ZOCOR.....	11	see <i>acyclovir</i>	6
ZEMAIRA.....	33	see <i>simvastatin</i>	11	ZUPLENZ	25
ZEMPLAR.....	30	ZOFRAN	25	ZYBAN.....	19
ZENPEP.....	26	ZOFRAN ODT	25	see <i>bupropion hcl</i>	
ZERIT	6	see <i>ondansetron</i>	24	(<i>smoking deterrent</i>)	19
see <i>stavudine</i>	5	ZOLINZA.....	8	ZYCLARA	36
ZESTORETIC	9	ZOLOFT.....	15	ZYDONE.....	1
ZESTRIL	10	see <i>sertraline hcl</i>	15	ZYFLO CR.....	33
ZETIA.....	11	<i>zolpidem tartrate</i>	17	ZYLET	30
ZIAC.....	11	<i>zolpidem tartrate ir</i>	17	ZYLOPRIM	1
see <i>bisoprolol &</i>		ZOMETA.....	21	see <i>allopurinol</i>	1
<i>hydrochlorothiazide</i>	11	ZOMIG	18	ZYMAR	31
ZIAGEN.....	6	ZOMIG ZMT.....	18	ZYMAXID.....	31
ZIANA	34	ZONALON	35	ZYPREXA	16
<i>zidovudine</i>	6	ZONEGRAN	14	ZYPREXA ZYDIS	17
ZINACEF.....	5	see <i>zonisamide</i>	14	ZYTIGA.....	8
see <i>cefuroxime sodium</i>	4	<i>zonisamide</i>	14	ZYVOX	7
ZINECARD.....	9	ZORBTIVE.....	23		

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